Intelicode User's Manual
Version 8

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Welcome to INTELICODE®

"When Compliance Counts and Reputation Matters!"

Thank You for choosing INTELICODE®. We appreciate the fact that you have placed your trust in us. Rest assured, you are in good company. Since the early days of our first product in 1998, Intelicode has evolved into the number one software for auditing, validating, and teaching Evaluation and Management services (E&M).

If you are new to Intelicode, you are in for a surprise. If you have been using Intelicode you already know how valuable this tool has become. You will no doubt find its many new features a compliment to its ease of use and its powerful reporting.

Intelicode is ideal for auditing or reviewing services for HCFA/CMS compliance. Many are using this as a "monitoring tool". Simply stated, they are using Intelicode to monitor and validate charges prior to submission. Others find this program to be ideally suited for training purposes.

Countless professionals rely on Intelicode for consistency, reliability, and credibility for their encounter reviews, education, appeals, and expert witness testimony.

We are pleased that you have chosen Intelicode. We invite you to call us any time with questions, comments, or suggestions on how we can continue to deliver a superior product.

TSI - Makers of INTELICODE® products

Basic features of INTELICODE®

- **Easy to use** - Intelicode has a familiar look and feel to the paper audit forms you are used to.
- **Excellent reporting** - A variety of reports that improve your productivity that save you time.
- **Produces a "running tally"** - Intelicode starts calculating from the very beginning.
- **Adheres to both HCFA '95 and '97 Guidelines** - CMS has instructed payors to use whichever set of guidelines is most favorable to the provider. Intelicode makes this easy. You can use both '95 and '97 exams and Intelicode will save the highest level if you prefer.
- **Visit archive** - Intelicode "archives" or stores visits that have been "edited".
- **Flexible reporting** - Intelicode gives you the flexibility to create reports that fit your needs, giving you the information you want, while being able to save them into the format of your choice, or even email them!

Enhanced features of INTELICODE® Pro and P.A.T.H.

- **Stand-alone or network** - Intelicode runs locally, yet allows you to network data. If you need to be mobile, simply copy the data to your local drive and go!
- **Supports multiple "offices" (i.e. databases)** - If you have multiple sites, departments, or clients, Intelicode allows you to maintain as many as you wish.
- **Copy and Send Data** - Copy and Send Patients, Providers, Diagnosis Codes, Note Macros, etc from office to office.

What's New In Version 8

Although the overall look and feel of Intelicode hasn't changed, there is much about the program that has been improved. Many of the changes are those that you have been asking for, but others effect the inner workings and really won't be outwardly noticeable. Their "net affect" will leave you pleasantly pleased with the new Intelicode! Some of the changes are:

Intelicurve This is an Intelicode add-on that allows you to quickly generate a bell curve graph for provider billing information. It runs either as a stand along application or as an integrated bell curve solution in Intelicode.

Numerous Bug Fixes As always, there are those pesky "features" also known as "bugs". We have fixed some that you may have known about and some others were not so obvious.

- **Trailblazer Support** Including in Version 8 of Intelicode is support for the Trailblazer medical decision making component.
- **Diagnosis and Procedure Accuracy Report** This report shows the percentage of accurate diagnosis and procedure codes.
- **Deleted Visits** There is an updated visits summaries screen. You now have the ability to delete multiple visits at one time. Just for a safe measure, we have added a "recycle bin" to the visits menu, which is called "Deleted Visits." This grid contains all the visits that have been deleted in Intelicode. From here you can restore those visits or delete them permanently.

Getting Started

System requirements

Hardware

The minimum hardware requirements are:

CPU:	Pentium II or later
Memory :	64MB or greater
Available disk space:	50MB

Software

The minimum software requirements are:

Operating System:	Windows 2000 SP1
Other software:	Microsoft Office 2000 or later
Other software:	Adobe Acrobat reader 5 or later

Installing INTELICODE®

Follow these simple instructions:

1. Close all programs.
2. Insert the CD labeled **INTELICODE®** into your CD-ROM drive. If Autorun is enabled on your system, the installation starts automatically and you can skip steps 3 and 4.
3. From the **Start** menu, select **Run**.
4. Type **D:\setup** (substitute the appropriate letter of your CD-ROM drive for D).
5. Follow the instructions on the screen.

Our latest files are found at www.intelicode.com/solo or www.intelicode.com/pro, or www.intelicode.com/path. Choose the Solo Install.exe, or Pro Install.exe, or Path Install.exe and Save it to your computer. These contain our installation package.

By default, INTELICODE is installed in **C:\Program Files\Intelicode\Applications**. Your data will be stored (by default) in C:\Program Files\Intelicode\Applications\Data\Offices. Of course, you can choose to have your data stored in a directory of your choosing, or across a network.

Feel free to contact us for help in setting up your data or for network installation.

Activating INTELICODE®

Once installation is complete, you will see an **INTELICODE®** icon on your desktop.

To start INTELICODE™

- Double-click the **INTELICODE®**icon.

  OR

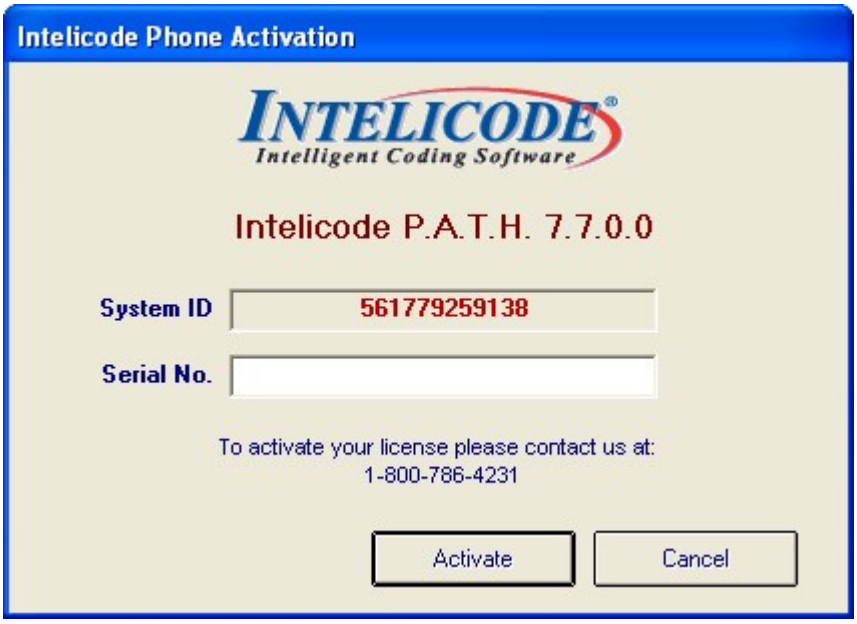
- From the **Start** menu, select **All Programs**, then click on **INTELICODE®**.

When you start INTELICODE™ you will notice the following activation screen. To activate your copy of Intelicode, select **Phone Activation.** Select the "Launch Program" button to activate your 30 day trial period of INTELICODE™. You will get a message box that tells you how many days are left in the evaluation of the software.

Intelicode Activation
INTELICODE®
Intelligent Coding Software
Intelicode P.A.T.H. 7.7.0.0
Choose "Launch Program" if you are evaluating Intelicode or have not registed yet.
If you have purchased a license you can activate by choosing "Phone Activation"
Launch Program
Phone Activation
Exit

Phone Activation

To activate INTELICODE™ over the phone you will need the **System ID** from the box below. Please call us at 1-800-786-4231 with the System ID. You will then receive an **Serial Number** that needs to be entered into the **Serial Number** box. After the **Serial Number** has been entered, you will receive a message that the program has activated successfully or failed.



Basic steps to use INTELICODE®

The following simple steps will outline the overall flow as well as the necessary information to perform an audit using Intelicode. First, we will define the minimal information required to start the process:

1. **Patient ID** This is the medical record number or whatever number that is used to identify the patient
2. **Last Name - First Name** This is the last name and first name of the patient whose encounter is being audited.

   Note: The patient name is ***not*** required to perform an audit.
3. **D.O.B.** (Date of Birth) This is the date of birth of the patient. Enter the D.O.B. in MM/DD/YYYY format.

   Note: The patient D.O.B. is ***not*** required to perform an audit. Only when auditing services for service types which are age driven is a D.O.B. necessary.
4. **Patient Status** Each patient will automatically be flagged as a new patient the first time you first enter them into the software. Change the patient status accordingly.
5. **Gender** Choose 'Male' or 'Female'
6. **User** This is a required field. A User/Reviewer must be selected for each visit.

   Note: When you set yourself up as a user, remember, a password is ***not*** required.
7. **Visit Date** This is the date of service for the encounter being audited. The Visit date automatically defaults to today's date. Change the date accordingly. You may enter the date manually by entering the date in MM/DD/YYYY format, or you may click the drop down button and select the date from the display calendars.

   Note: The Visit date will stay the same as the previous visit. Always change this accordingly.
8. **Service Category** Select the type of service that you feel is appropriate, based on the documentation. This may differ from what the provider 'billed'.

9. **Service Subcategory** Make sure you include the appropriate subcategory (i.e. A Consultation could be an Office Consult or Inpatient Consult) as this will be a determining factor of the overall code.

    Note: If the Service Type consultation is selected, the consult Verification questions must be answered to continue with the audit.

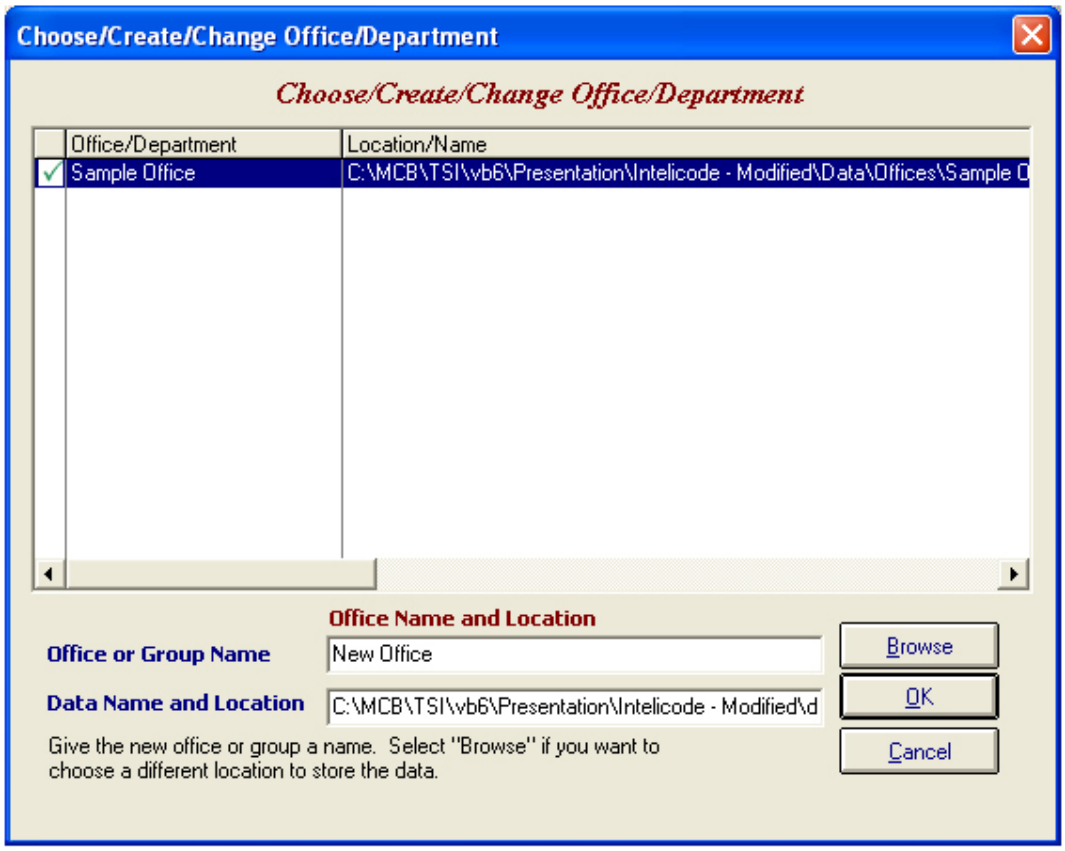
Once the required information is entered, the Navigation buttons (Patient, History, Exam, Decision, End) will become active.

Our previous version required fees to determine whether a visit was Over or Under coded. The software based this on the difference in fees between the "Audited" and the "Billed" code. Now Intelicode looks at the Service Category (Type of visit) to determine the "Variance" between the "Reviewer" (Audited) and the "Provider" (Billed) code.

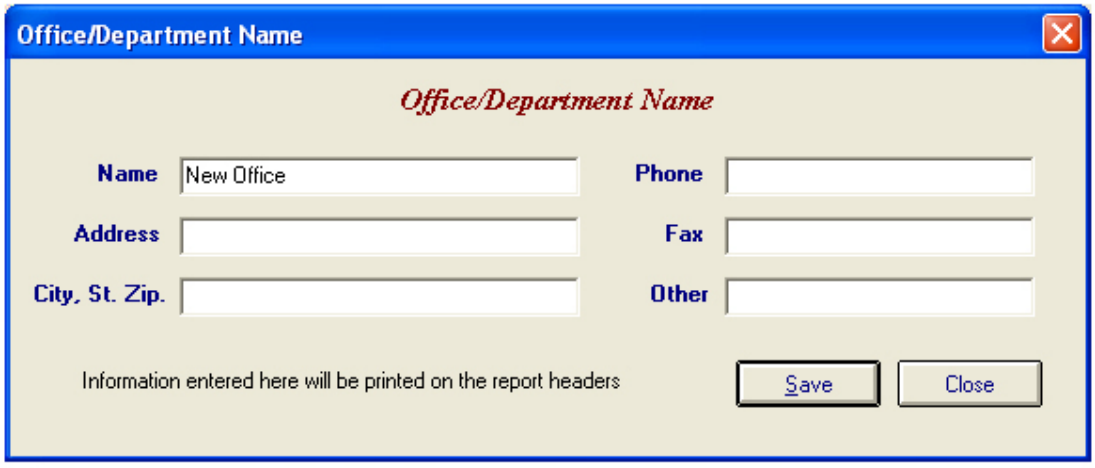
Note: The Visit Date, User, and Provider will remain the same from encounter to encounter until you change them or exit the program.

Creating a new Office/Department

The first screen you will see upon entering the Intelicode program will be the “Choose/Create/Change Office/Department” screen. The first time you use your software, there will be two items in the list box, “Sample Office” and "Master Office." The sample office is simply to provide users with an example of how to set up their own offices. Intelicode Pro and P.A.T.H. users will need to create a new office(s) to store your audit data in. Simply click on the “Create new Office” button and two fields will appear. The first field is the office name. Choose a name for the office that will indicate to you what audit information you plan to store in this office (i.e., Internal Medicine, ENT Office, Long Beach Office, etc.) The second field will be the “Data Name and Location” field. The Intelicode program will default to storing your audit data on the hard drive (C:\ProgramFiles\Intelicode\Applications\Data\Offices) of your computer. If you wish to have your data stored elsewhere (e.g. a network drive) contact your Information Services (IS) department for assistance in determining where data storage should be located.



Once this is completed, a pop-up screen will appear that will allow you to enter specific information about this office or department, such as the address, telephone, etc. (information entered on this screen will appear in the upper corners of your reports).

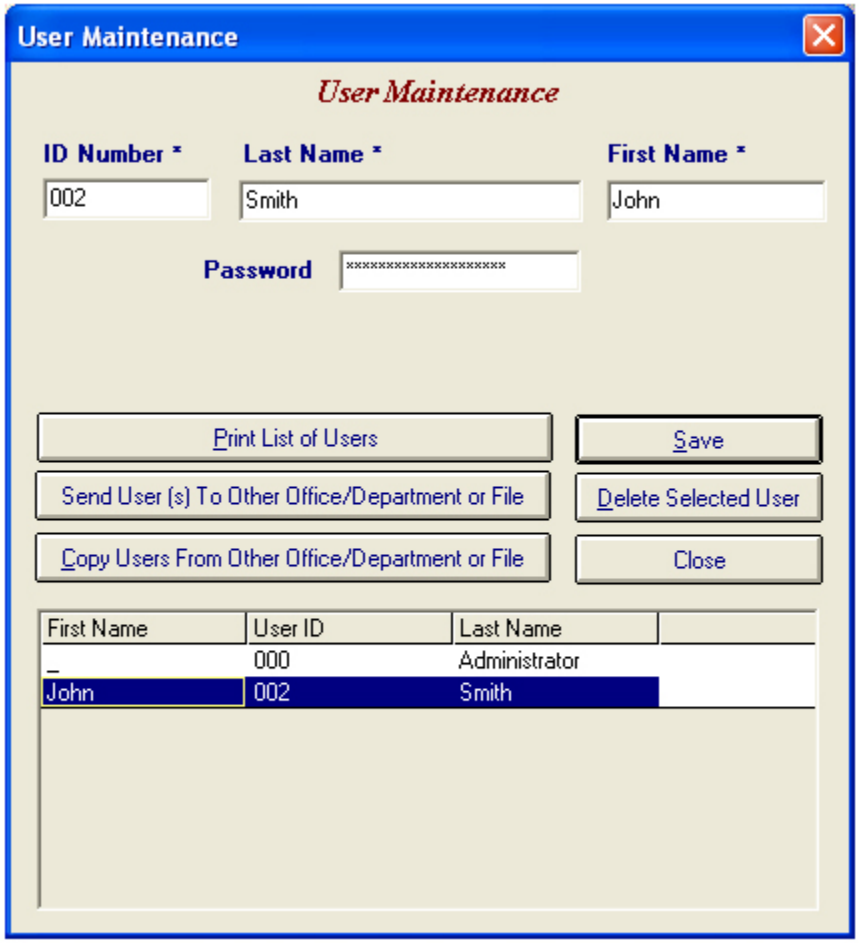


When finished, click “Save.” The newly added office will now appear in the “Choose/Create/Change Office/Department” screen under the Office/Department name field

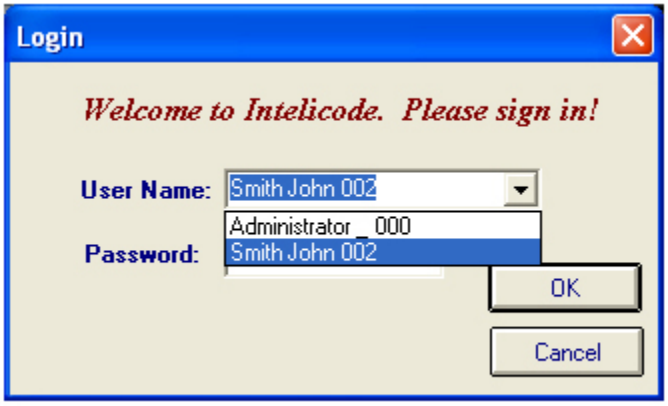
on the left side of the screen. Click on the newly added office to highlight (blue) the name and then click “OK” to enter the office.

Once you create your new office and you go into it for the first time it will prompt you to add yourself as a new user.

Give yourself an ID Number something like your initials and a 3 or 4 digit number (i.e. SE1000). You can give yourself a password if you choose, then click Save and Close.

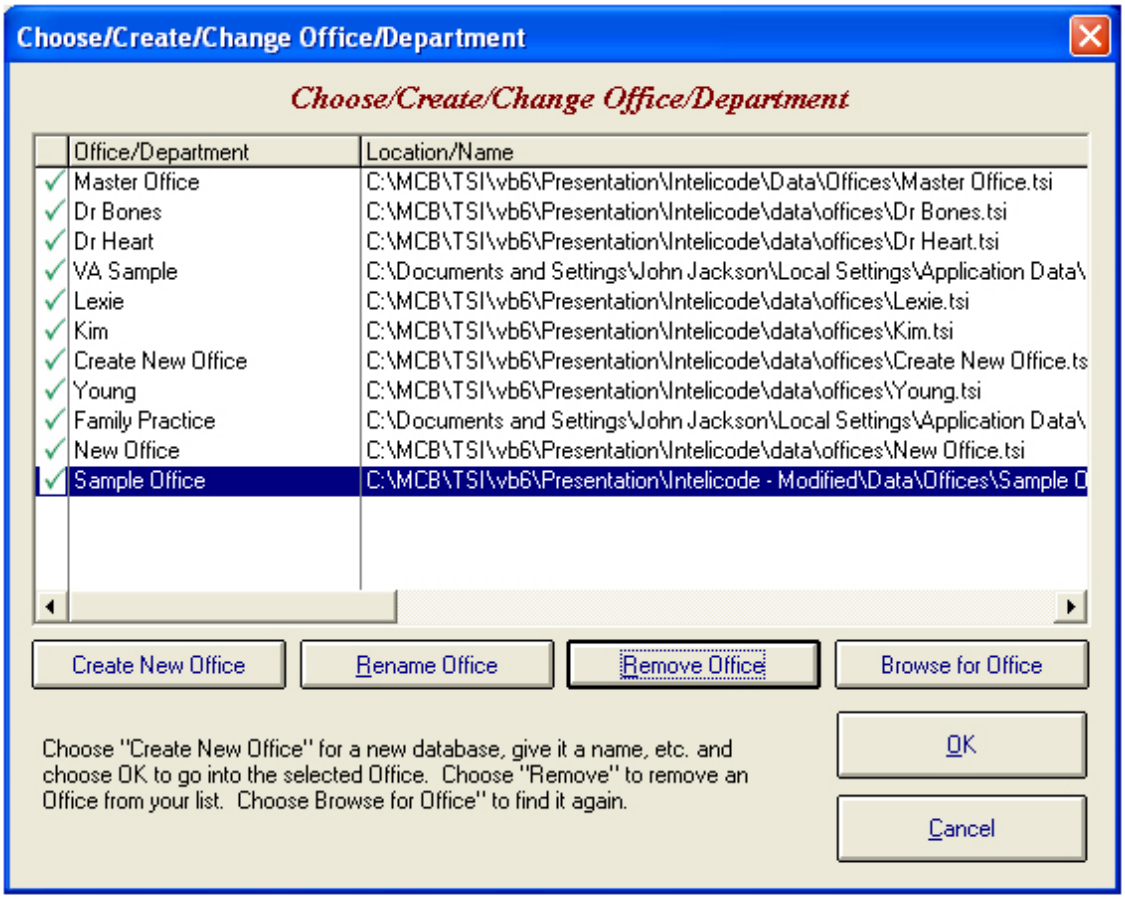


You will select your name from the list of Users and log in!

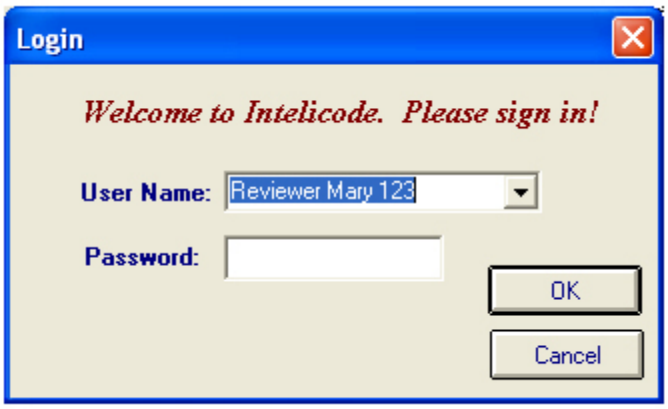


Changing Offices/Departments

To change from one Office to another you would choose the **Choose/Create/Change - Offices/Departments** option from the **Offices/Departments** menu. If you wish to create a new Office choose **Create New Office**, or simply double click the office or select it and choose OK.



Any time you change an Office you will be prompted to log into it.



Getting Help

There are various ways to get Help on INTELICODE:

- **Troubleshooting** Click Here to see the most common problems

- Join our INTELICODE® Auditing & Coding Forum

  This email forum is a wonderful resource for all of your coding and auditing questions. You can post questions and answers to the list, which is comprised of experts in the field from all specialties across the country.

- Call technical support at: 1-800-786-4231

A Walk Through

Step One

This topic will show you a walk-through of INTELICODE® as we go through an audit, screen by screen. Once you have opened your Intelicode program and logged in as a user, you will see a blank patient screen. Please note that the field names followed by an asterisk (*) are required fields.

Patient Screen

To begin an audit, in the **Patient ID*** field you must enter a number by which you can identify the patient (i.e. medical record number, account number, etc.). The Patient ID we have entered for our audit is 167 as seen in the example image below.

The **Last Name** and **First Name** fields should then be completed with the patient's name. Completion of the Last and First Name fields is not required to complete an audit. Any names entered in the name fields will appear on reports exactly as they are entered here. The patient Last Name and First Name we entered for our audit is Bebee, Beth as seen in the example image below.

The **D.O.B.** (Date of Birth) field is only required for those services that are age driven, such as preventive health services. If date of birth is entered, enter in MM/DD/YYYY format. The patient D.O.B. we entered for our audit is 07/27/1952 as seen in the example image below.

Choose the **Patient Status*** to indicate if the patient is new or established. The Patient Status we entered for our audit is established, as seen in the example image below.

Choose the patient's **Gender*.** The patient Gender we entered for our audit is female, as seen in the example image below.

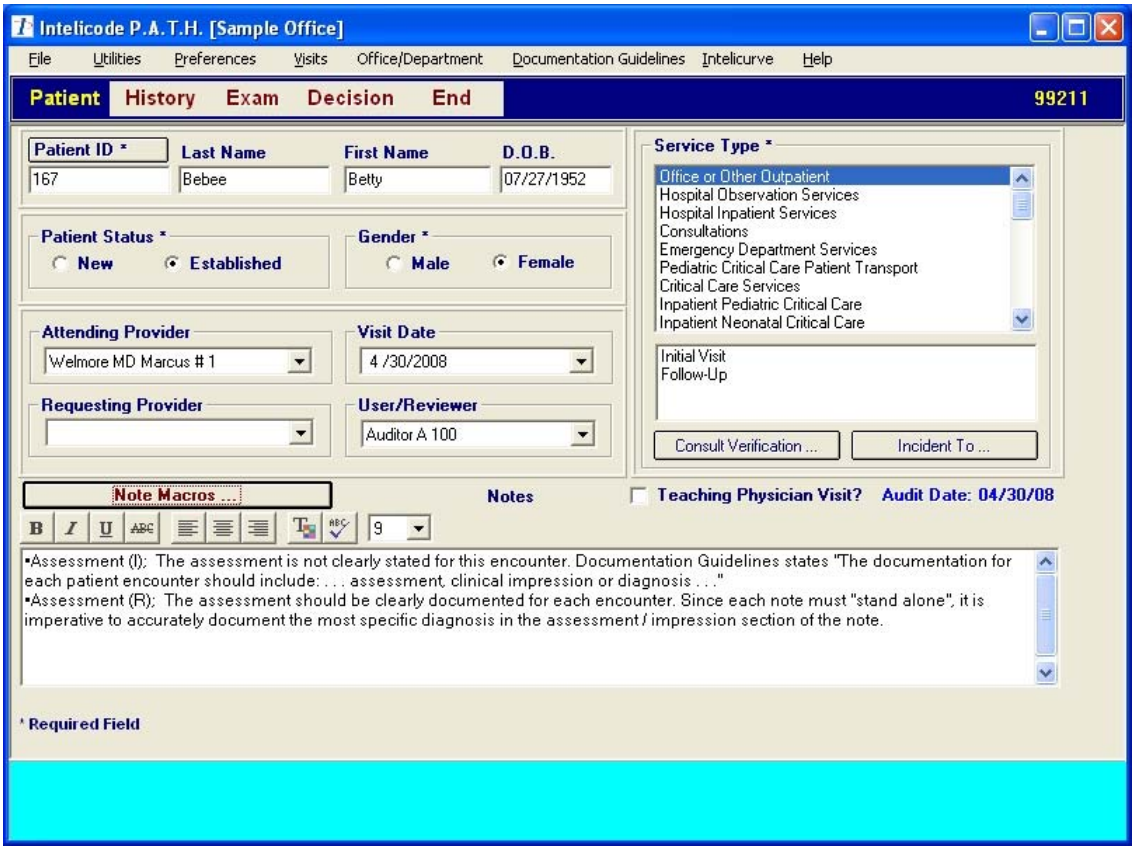
Select the **Attending Provider** (physician performing the visit) for the encounter being audited. If the attending provider is not listed, select Add New Provider to add the provider to the database. The Attending Provider we entered for our audit is Welmore MD, Marcus #1 as seen in the example image below.

Enter the **Visit Date** (the date of service) by entering the date in MM/DD/YYYY format, or by clicking on the drop down arrow and selecting the appropriate date from the calendar displays. The Visit Date we entered for our audit is 7/10/2007 as seen in the example image below.

Enter **Requesting Provider** (physician requesting the service) as necessary in relation to the services being provided. If the requesting provider is not listed, select Add New Requester to add the provider to the database. We did not enter a Requesting Provider for our audit since the service type was Office or Other Outpatient.

Select the appropriate **Service Type*** (i.e. office visit, consult, etc.) for the encounter being audited. Next select the appropriate service Sub Type (i.e. initial visit, office consultations, initial hospital care, etc.). ***Note:*** if Service Type "Consultations" is selected, the Consult

Verification questions must be answered to continue with the audit. The Service Type we entered for our audit is Office or Other Outpatient, and the service subtype we entered was Initial Visit, as seen in the example image below.



Next

Step Two

History Screen

Begin by indicating the presence of a **Chief Complaint** by clicking the appropriate Yes or No box in the Chief Complaint Documented field.

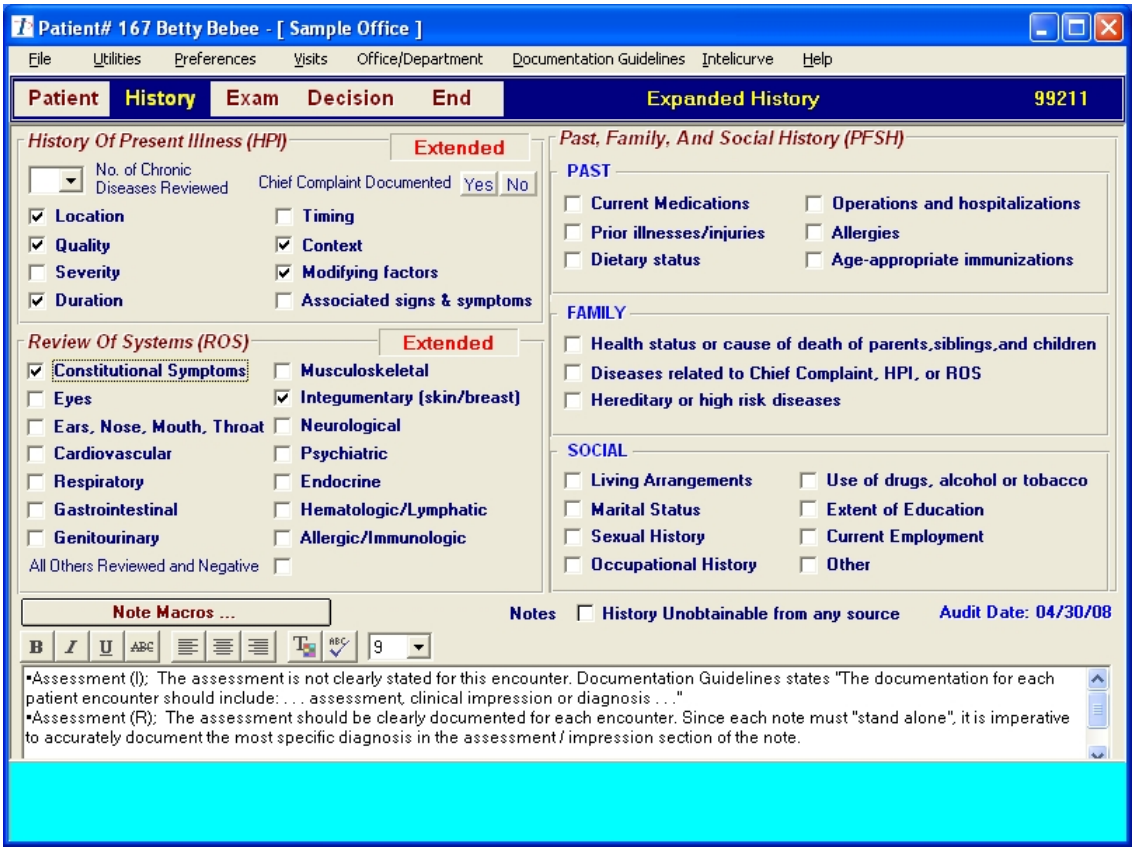
To enter the documented **History of Present Illness (HPI)** elements for the encounter you are auditing, simply click the check boxes next to the appropriate history elements. We entered Yes in the Chief Complaint Documented field and checked off Location, Quality, Duration, Context, and Modifying Factors for our audit as seen in the example image below. Also notice the level of HPI displayed in red font in the upper right corner of the HPI section. We entered 5 elements giving us an **Extended** HPI.

To enter the documented **Review of Systems (ROS)** elements for the encounter you are auditing, simply click the check boxes next to the appropriate ROS elements. We checked off Constitutional Symptoms and Integumentary for our audit as seen in the example image

below. Also notice the level of ROS displayed in the upper right corner of the ROS section. We entered 2 ROS elements giving us an **Extended** ROS.

To enter the documented **Past Family and Social History (PFSH)** elements for the encounter you are auditing, simply click the check boxes next to the appropriate PFSH elements. We have not checked off any PFSH elements, therefore we do not have a PFSH level.

As we add the various history elements to this screen, Intelicode is calculating the level of History. The level of History is displayed at the top of the screen. The history elements we entered for our audit produced a **Expanded History** as seen in the example image below.



Next

Step Three

Examination Screen

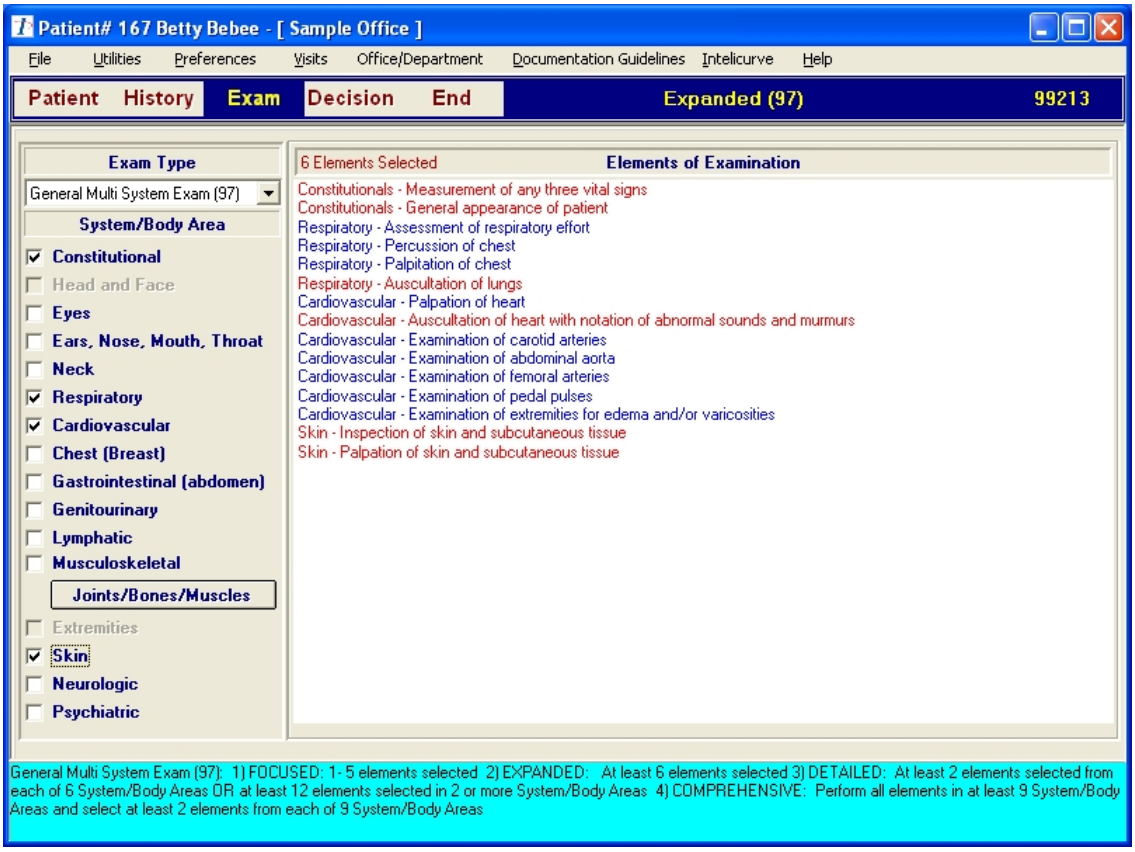
Select the **Exam Type** (1997 General Multi System, Cardiovascular, 1995 Exam, etc.) to display the desired examination elements. For the 1997 exams, once the exam elements are displayed down the left side of the screen, select the documented examination elements by clicking on the appropriate body areas/organ system check boxes. Once the check boxes have been selected the corresponding examination elements will appear on the right side of the screen. Select the desired individual examination elements by clicking on the element listed on the right side of the screen (click on the actual words). Once the element has been

selected the font will change to red. To unselect an element, simply click it again and the font will return to blue.

For the 1995 examinations, once the desired 1995 examination is selected in the Exam Type field, the examination body areas/organ systems elements will appear on the right side of the screen. To select a body area/organ system simply click on that body area/organ system (click on the actual words). Once a body area/organ system is selected, the font will turn red. To unselect a body area/organ system simply click it again and the font will return to blue.

We chose the 1997 General Multi-System Examination and then selected Constitutional. Within Constitutional we selected Measurement of any three vital signs, and General appearance of the patient. We also selected Respiratory - Auscultation of lungs and Cardiovascular - Auscultation of heart with notation of abnormal sounds and murmurs. Finally, we chose Skin with the individual element being Inspection of skin an subcutaneous tissue. We selected a total of 6examination elements.

As we select the various examination elements on this screen, Intelicode™ is calculating the level of Examination. The level of Examination is displayed at the top of the screen. The Examination elements we have entered for our audit haven produced a **Expanded (97) Examination** as seen in the example image below.


Patient# 167 Betty Bebee - [Sample Office]
File
Utilities
Preferences
Visits
Office/Department
Documentation Guidelines
Intelicurve
Help
Patient
History
Exam
Decision
End
Expanded (97)
99213
Exam Type
General Multi System Exam (97)
System/Body Area
Constitutional
Head and Face
Eyes
Ears, Nose, Mouth, Throat
Neck
Respiratory
Cardiovascular
Chest (Breast)
Gastrointestinal (abdomen)
Genitourinary
Lymphatic
Musculoskeletal
Joints/Bones/Muscles
Extremities
Skin
Neurologic
Psychiatric
6 Elements Selected
Elements of Examination
Constitutionals - Measurement of any three vital signs
Constitutionals - General appearance of patient
Respiratory - Assessment of respiratory effort
Respiratory - Percussion of chest
Respiratory - Palpitation of chest
Respiratory - Auscultation of lungs
Cardiovascular - Palpation of heart
Cardiovascular - Auscultation of heart with notation of abnormal sounds and murmurs
Cardiovascular - Examination of carotid arteries
Cardiovascular - Examination of abdominal aorta
Cardiovascular - Examination of femoral arteries
Cardiovascular - Examination of pedal pulses
Cardiovascular - Examination of extremities for edema and/or varicosities
Skin - Inspection of skin and subcutaneous tissue
Skin - Palpation of skin and subcutaneous tissue
General Multi System Exam (97): 1) FOCUSED: 1- 5 elements selected 2) EXPANDED: At least 6 elements selected 3) DETAILED: At least 2 elements selected from each of 6 System/Body Areas OR at least 12 elements selected in 2 or more System/Body Areas 4) COMPREHENSIVE: Perform all elements in at least 9 System/Body Areas and select at least 2 elements from each of 9 System/Body Areas

Next

Step Four

Decision Screen

The decision screen is divided into three tabs, Diagnosis/Management Options, Amount/Complexity of Data, and Risk. Each tab displays the information respective to the tab name. Intelicode will calculate the level of each tab as the information is entered.

The **Diagnosis/Management Options** tab displays the Number of Diagnosis or Management Options section of the Documentation Guidelines (both 1995 and 1997). Each statement is preceded by a blank box with a drop down arrow. Choose the appropriate statement(s) for the encounter being audited. Click the drop down arrow next to the desired statement(s) and select the number of applicable diagnoses. We entered 1 Self - limited or minor problem as seen in the example image below.

The **Amount/Complexity of Data** tab displays the Amount and Complexity of Data Options section of the Documentation Guidelines (both 1995 and 1997). Each statement is preceded by a check box. To choose the appropriate statement(s) for the encounter being audited, simply click on the check box to select it. To unselect a statement(s) simply click on the check box again and the check will disappear. We did not enter any information on this tab for our audit.

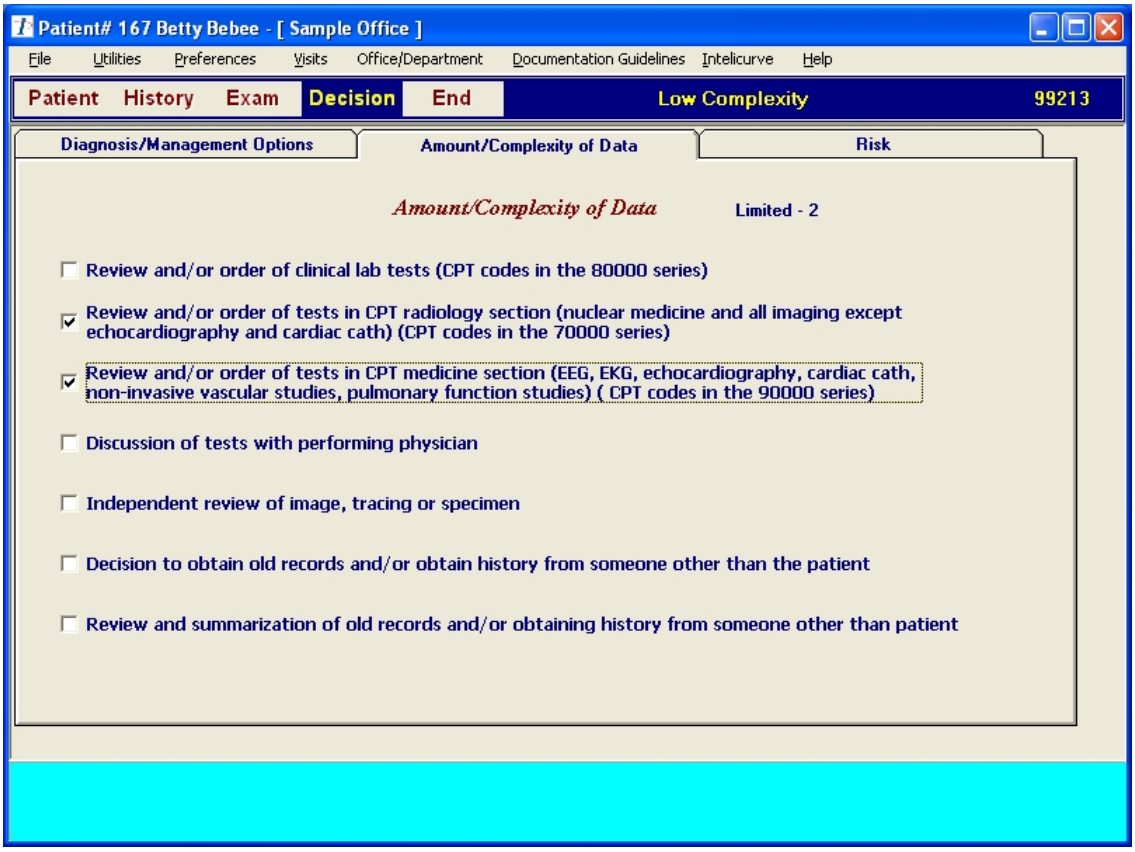
The **Risk** tab is further divided into three tabs representing the three columns of the Risk table, **Presenting Problem**, **Diagnostic Procedure(s) Ordered**, and **Management Option(s) Selected**. Each tab lists the elements as they appear on the Risk Table from the Documentation Guidelines (both 1995 and 1997). To select elements from each tab, simply click on the risk statement itself (click on the actual words). The font for selected elements will turn red. To unselect any element, click it a second time and it will return to blue. Intelicode will calculate the highest level of risk from all three of the Risk tabs.

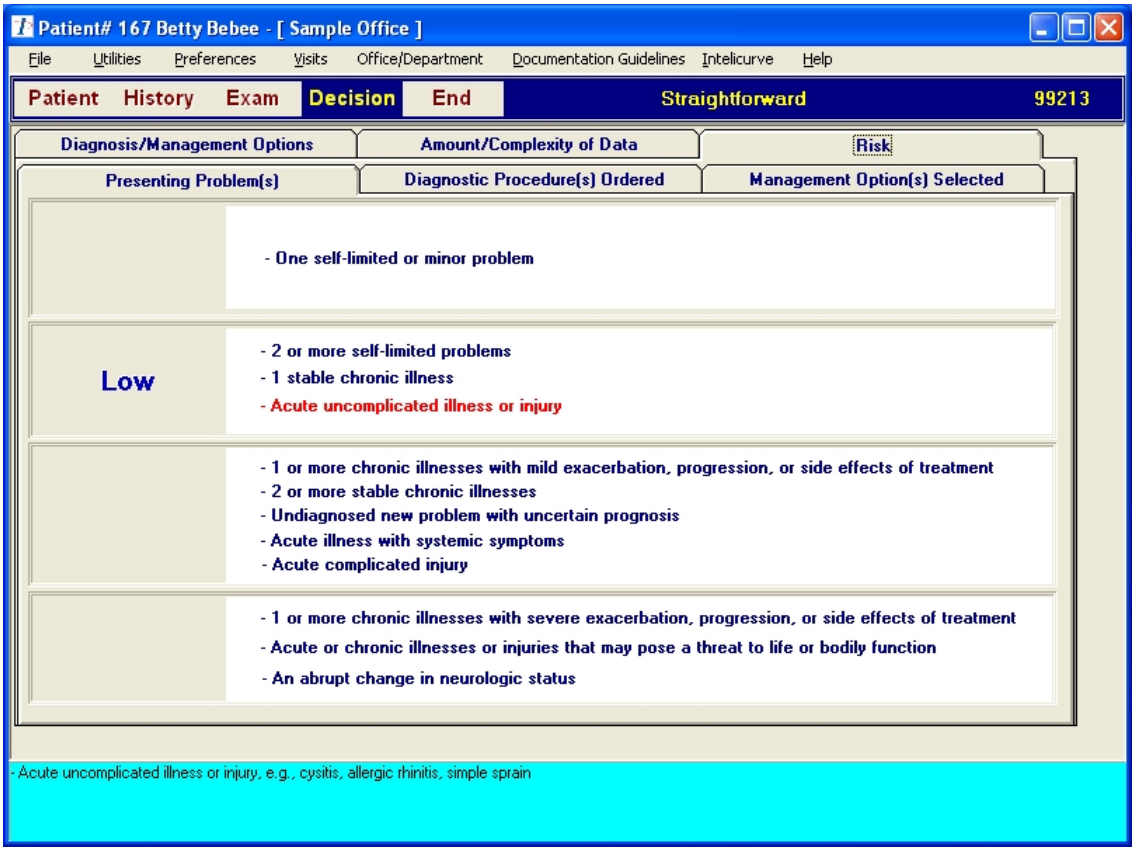
We chose the following elements for our audit: Presenting Problem - Acute uncomplicated illness or injury

Diagnostic Procedure(s) Ordered - We chose nothing on this screen

Management Option(s) Selected - Over the counter drugs & Elastic bandages

Intelicode™ will calculate the level of Medical Decision Making (MDM) by compiling the information from all of the Decision screens. The level of overall MDM will be displayed at the top of the screen as shown in the example image below. The Decision elements we have entered for our audit produce a Straightforward MDM.


Patient# 167 Betty Bebee - [Sample Office]
File
Utilities
Preferences
Visits
Office/Department
Documentation Guidelines
Intelicurve
Help
Patient
History
Exam
Decision
End
Low Complexity
99213
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Amount/Complexity of Data
Limited - 2
Review and/or order of clinical lab tests (CPT codes in the 80000 series)
Review and/or order of tests in CPT radiology section (nuclear medicine and all imaging except echocardiography and cardiac cath) (CPT codes in the 70000 series)
Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
Discussion of tests with performing physician
Independent review of image, tracing or specimen
Decision to obtain old records and/or obtain history from someone other than the patient
Review and summarization of old records and/or obtaining history from someone other than patient


Patient# 167 Betty Bebee - [Sample Office]
File Utilities Preferences Visits Office/Department Documentation Guidelines Intelicurve Help
Patient History Exam Decision End Straightforward 99213
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Presenting Problem(s)
Diagnostic Procedure(s) Ordered
Management Option(s) Selected
- One self-limited or minor problem
Low
- 2 or more self-limited problems
- 1 stable chronic illness
- Acute uncomplicated illness or injury
- 1 or more chronic illnesses with mild exacerbation, progression, or side effects of treatment
- 2 or more stable chronic illnesses
- Undiagnosed new problem with uncertain prognosis
- Acute illness with systemic symptoms
- Acute complicated injury
- 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment
- Acute or chronic illnesses or injuries that may pose a threat to life or bodily function
- An abrupt change in neurologic status
- Acute uncomplicated illness or injury, e.g., cysitis, allergic rhinitis, simple sprain

Next

Step Five

End Screen

The end screen displays a cumulative total of all information entered through this point in the audit. It is advisable to check the information entered thus far to ensure accuracy. The Visit Information section displays information entered on the previous screens.

The **Time** section (far left side of screen) may be utilized for those situations where time is documented for an encounter. Both the Face-to-face time and the Counseling times must be entered for this function to calculate properly. Click on the drop down arrows to select the appropriate time for each field. We did not use time for our audit.

The **Comparison** section displays the Reviewer E & M (audited code) and the Provider E & M (code billed by provider). It also displays the Fee Schedule (if any) used and the total difference in dollars and the level of variance from the audited code. To select the Provider E & M simply scroll down the list of E & M Codes provided and click on the code billed by the provider being audited. Intelicode™ will then do a comparison between the Reviewer and the Provider E & M to produce (if any) difference in the dollar amounts billed and the variance level. We chose the provider code 99204 for our audit. There was not a fee

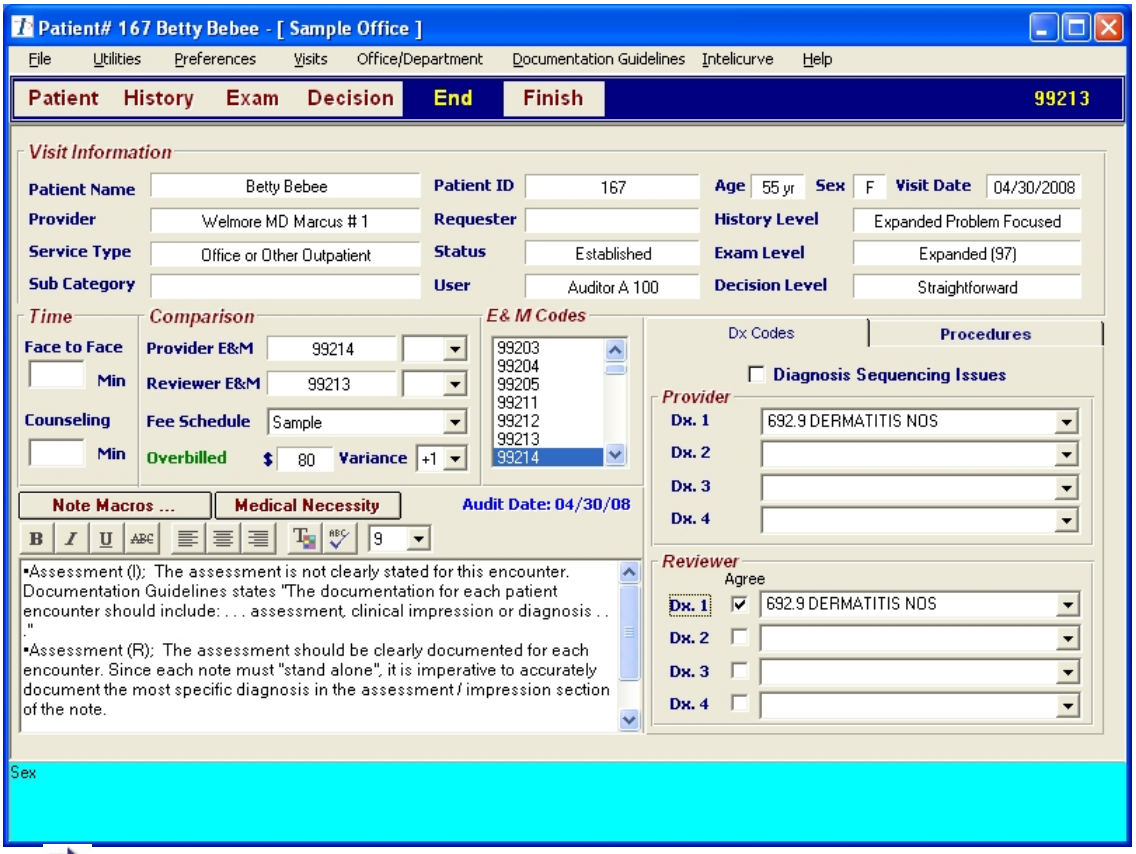
difference and the variance shows that the encounter was billed in the wrong category as seen in the example image below.

The **Diagnosis Codes** section lets the reviewer select the diagnosis used by the provider and also select diagnosis codes the reviewer feels were supported by the documentation to provide a complete picture of the encounter being audited. The diagnosis codes come pre-loaded by Intelicode, or users may choose to use their own diagnoses which would be user loaded. In the latest version of Intelicode, we allow the user to enter four diagnosis codes for both the provider and the reviewer. Theses codes can be accessed by click either the Provider or Reviewer DX tab.

The **Note Macros** field gives the reviewer the ability to document specific information about an audit, encounter, documentation issue, etc. Note Macros can be developed to insert in the Notes field or the reviewer may type freeform text as desired. This aspect of Intelicode provides reviewer with the ability to enhance their audit reporting without a lot of additional work. For our audit, we inserted a Note Macro we developed called Legibility. We developed an Issue macro and a Recommendation macro. Both macros explain what the documentation issue is and the recommended steps to improve that issue.

The **Medical Necessity** questions allow the user to override the Reviewer E & M by setting the Medical Decision Making level as the key component in determining the level of service. The example below shows both questions that need to be answered. If you do this the program will place a -DC behind your CPT identifying that the code has been down coded to the Medical Decision Making level of service.

The **Diagnosis** or **Procedure Codes** are accessed with the tabs on the right side of the screen. The agree check boxes will set the Reviewer E&M code equal to the Provider E&M code. Any modifiers that need to be added can be done with the boxes on the right side of each **Procedure Code**.



Next

Step Six

Finish

Congratulations! You have completed your first audit using Intelicode. Now you need to save your work.

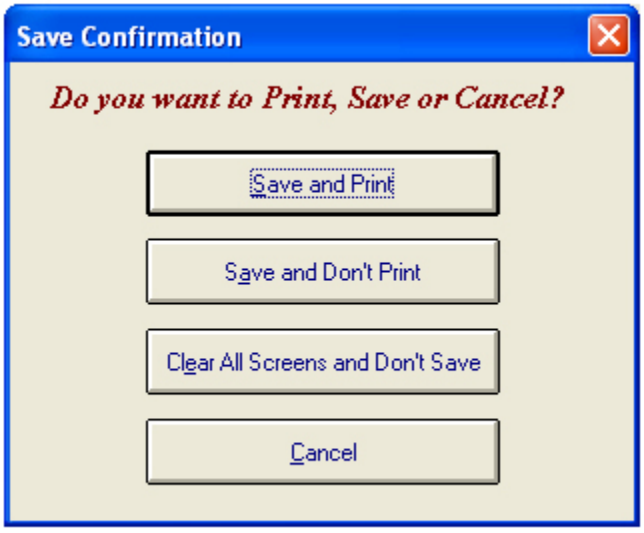
Upon selecting the Finish button, the Save Confirmation screen will appear. Here you select how you wish to handle your information. When select **Save and Print** the encounter audit will be saved in the database and an Encounter Detail Report will be printed.

When you select **Save and Don't Print** the encounter audit will be saved in the database and no reports will be printed.

When you select **Clear All Screens and Don't Save** all data entered for this encounter will be lost and nothing will be printed. The user will be returned to a blank Patient Screen upon selecting this option. This feature allows the user to audit an encounter without saving the information to the database.

When you select **Cancel** the Save, Print, Clear functions are cancelled and the user is returned to the End screen with all data entered in tact. Keep in mind that your data for this

encounter has not yet been saved. If you should exit out of the program at this point your data for this encounter will be lost. Save your data before exiting the program.


Save Confirmation
Do you want to Print, Save or Cancel?
Save and Print
Save and Don't Print
Clear All Screens and Don't Save
Cancel

Next

Step Seven

Generating and Printing Reports

Generating reports could arguably be the most important and valuable part of Intelicode. Step Six showed how you can print an Encounter Detail Report at the end of the encounter. Intelicode does so much more. See Generating Audit Summary Reports and Issues and Recommendations Reports for details on how to get the most of Intelicode's reporting capabilities.

Navigation

1 Patient Screen

Click specific areas on the image below (areas where the ☝ cursor appears, i.e. History) for more information and to preview the various screens.

Patient ID – This field is required to generate an audit. The Patient ID can be the patient's medical record number, or any other unique number by which the auditor could identify the encounter being audited.

Last/First Name – Patient names are optional fields and are not required to generate an audit.

D.O.B. (Date of Birth) – This field is only required to generate an audit if the services are those that are dependent upon the age of the patient (e.g. preventive services). The Date of Birth must be entered in mm/dd/yyyy format. Press the tab key to progress through the date fields.

Patient Status – This is the status of the patient during the encounter being audited. Intelicode will load all patients as new patients the first time they are entered into the software, and will subsequently default existing patients (those already loaded into the software) as established patients for any additional encounters audited. This should be changed as appropriate for the encounter being audited.

Patient Gender – The gender of the patient should be indicated here.

Attending Provider - This is the provider who rendered service for the encounter being audited. Providers can be added all at one time, or individually as they are encountered during audits. To add Attending Providers, click on the drop down arrow in the Attending Provider field. Next click on the "Add New Provider" option. The Provider Maintenance screen will appear for completion. You may also access the Provider Maintenance screen by clicking on the Utilities drop down menu and select Provider Maintenance. The Provider Maintenance screen will appear for completion.

Visit Date – Enter the date of service for the encounter being audited. This can be done by clicking on the Month, Day, or Year with your mouse cursor and changing the value. You can also click the drop-down arrow to the right of the date which will display a calendar control. You can scroll back and forward by year. You can also display an entire list of months by clicking on the current month (see below).

Requesting Provider - This is the provider who sent the patient to the attending provider, or the requester of service for the encounter being audited. Requesting Providers can be added all at one time, or individually as they are encountered during audits. To add Attending Providers, click on the drop down arrow in the Requesting Provider field. Next click on the "Add New Requester" option. The Requesting Provider Maintenance screen will appear for completion. You may also access the Requesting Provider Maintenance screen by clicking on the Utilities drop down menu and select Requester Maintenance. The Requesting Provider Maintenance screen will appear for completion.

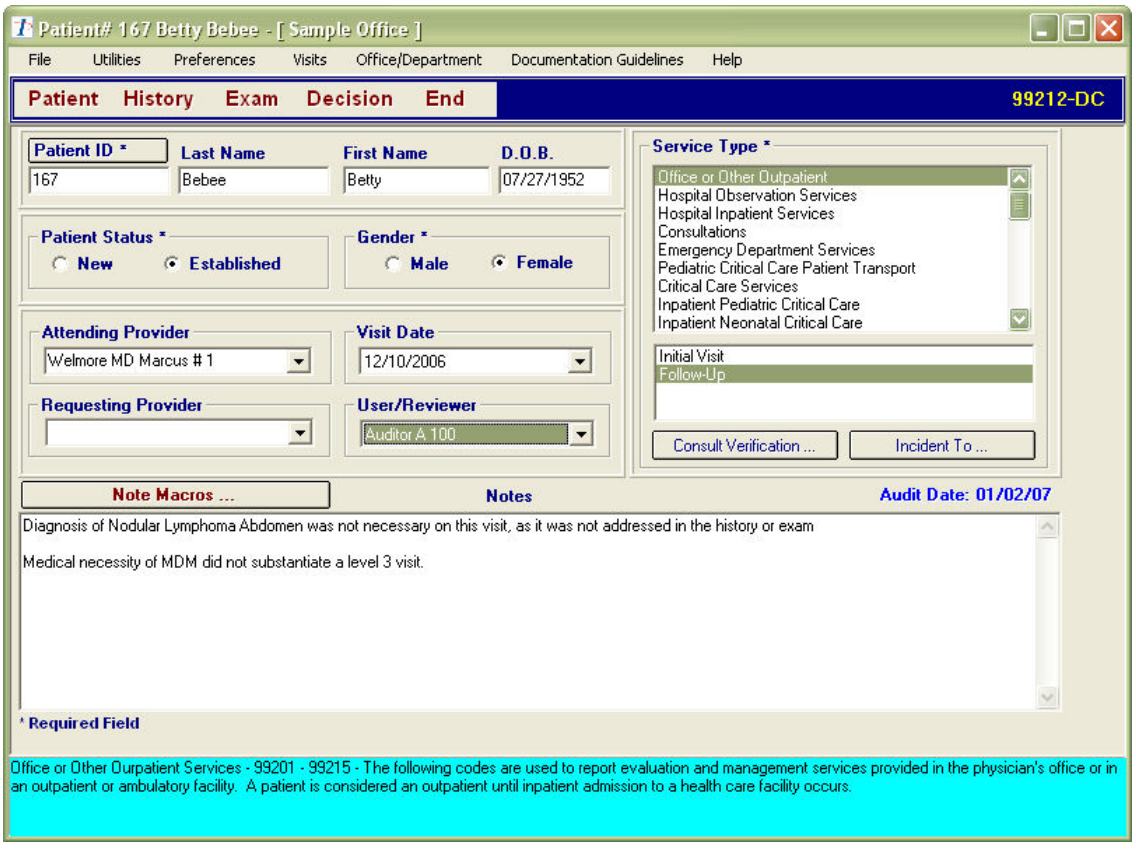
User/Reviewer - A User/Reviewer is required for any visit. The User/Reviewer is the individual performing the audit. Each individual performing audits should be assigned an individual User ID to maintain the most accurate audit data. To set up a User/Reviewer,

click on the drop down arrow in the User/Reviewer field. Select the "Add New User/Reviewer" option and the User Maintenance screen will appear for completion. Note: When you set yourself up as a user, a password is not required. To save without a password, simply leave the Password field blank and click "Save." A pop-up box will appear to ask you if you are sure you want the user saved without a password. Click "yes" if you want to save without a password.

Service Type – Subcategory – Select the appropriate service type for the encounter being audited, based on the documentation. Once the service type is selected, the Subcategory field will be populated with the corresponding subcategory types (i.e. For a Consultation the subcategories could be an Office or Inpatient for example). The Subcategory will be a determining factor of the overall code.

Teaching Physician Visit? – Only for Intelicode P.A.T.H. users, this field will be accessible to indicate whether a service is a teaching visit or not. If the service being audited is a "teaching visit" click this check box to add the "Teaching" tab to the encounter and activate the Teaching Guidelines.

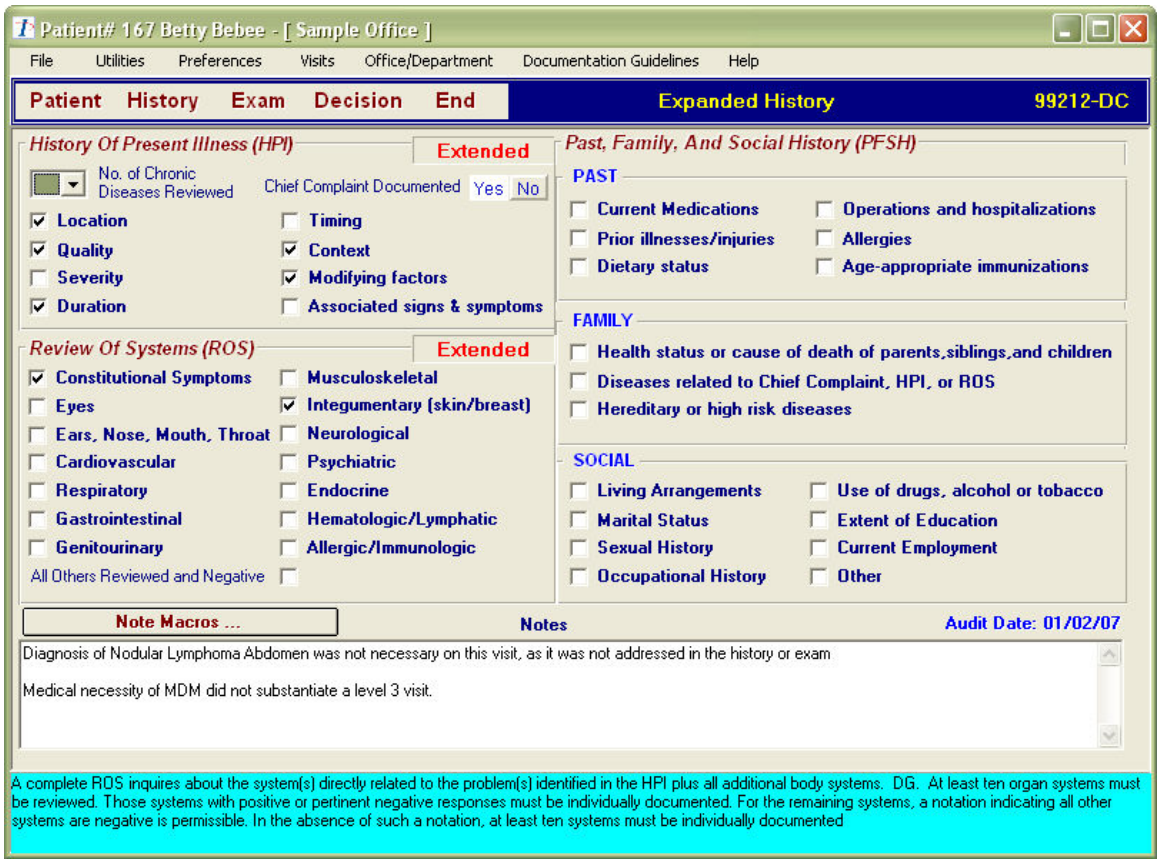
Notes – This field allows the user to add their own comments (free text) about the encounter, or the documentation, etc for future reference, or educational opportunities. The Note Macros button allows the reviewer to store specific notes for use in future audits. Using Note Macros can save the reviewer the time and effort of retyping the same information over and over.



1 History Screen

Click an area on the image (areas where the ☝ cursor appears, i.e. History) below for more information and to preview the various screens.

Here, you select the various History elements documented for the encounter being audited. Intelicode keeps track of the counting! When the mouse is positioned over a particular History element, examples of applicable history elements that may be found in medical records will be displayed in the blue-green help box across the bottom of the page as an additional reference. When all applicable history elements have been entered, proceed to the next (Exam) screen.



1 Exam Screen

Click an area on the image (areas where the cursor appears, i.e. History) below for more information and to preview the various screens.

The Exam screen will display the exam elements relevant to the type of exam selected. The Exam Type is displayed at the top left side of the Exam screen. To change the Exam type, click the drop down arrow and choose the desired exam type. You may audit any given encounter in multiple Exam Types and Intelicode will save all of the utilized exam types, and will tell you when you have not chosen the exam type displaying the highest level of service.

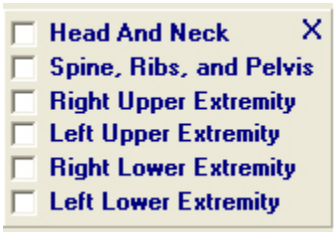
For the 1997 Exams (all Exams), the applicable Systems/Body Areas are displayed on the left side of the screen. To select a desired System/Body Area, click on the check box beside the System/Body Area name, or click on the System/Body Area name itself. The individual exam elements (bullets) for the selected System/Body Area will be displayed on the right side of the screen under “Elements of Examination”. Exam elements or bullets that appear in a “shaded” box in the original 1997 Exams will be underlined for easy identification. To select individual elements (bullets), click on the element itself to “highlight” it. “Highlighted” or selected elements will appear in red. Intelicode will count the “highlighted” or selected

elements for you and will display them at the top of the screen next to the “Elements of Examination” header.

For the 1995 Exam, the Body Areas and Organ Systems are displayed on the right side of the screen under “Elements of Examination”. To select individual elements (bullets), click on the element itself to “highlight” or select it. “Highlighted” or selected elements will appear in red. There are exam elements in the 1995 exam that are specifically designed to allow the auditor/reviewer to reflect examination as accurately as possible. These elements indicate a “Limited exam” or a “Detailed exam” relating to how the presenting problem was performed. The “Limited exam” element will allow the auditor/reviewer to keep the level of exam at “Expanded” (when appropriate) when 2 to 7 Body Areas or Organ Systems are selected. The “Detailed exam” element will allow the auditor/reviewer to make the level of exam “Detailed” (when appropriate) when 2 to 7 Body Areas or Organ Systems are selected.

Joints/Bones/Muscles –

Only for use with applicable 1997 Exams. To access the individual elements or bullets pertaining to Joints/Bones/Muscles, click on the “Joints/Bones/Muscles” button. Select the desired individual elements or bullets by clicking the check box next to the desired area. Click on the “x” in the upper right corner to close when finished.



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1 Decision - Diagnosis/Management Options

Click an area on the image (areas where the cursor appears, i.e. History) below for more information and to preview the various screens or to see additional information about that item.

Here, you select "the number" of diagnoses or problems that are applicable to the encounter being audited by selecting the appropriate number from the drop down box. Intelicode keeps track of the counting! The level or counts for the Diagnosis/Management Options portion of the encounter elements selected will appear in the upper left corner of the screen. When the mouse is positioned over a specific statement, the actual corresponding quotation from the Documentation Guidelines will appear in the blue-green help box across the bottom of the page as an additional reference.

1 Decision - Amount/Complexity of Data

Click an area on the image (areas where the ☝ cursor appears, i.e. History) below for more information and to preview the various screens.

Recording the Amount/Complexity of Data documented in a record being audited is easy. Simply select those items that have been documented by clicking on the check box next to the statement, or clicking on the statements (words) themselves. Select as many elements or statements as are relevant/supported by the encounter documentation. To unselect an item, simply click the check box or statement again. The level or counts for the Amount/Complexity portion of the encounter elements selected will appear in the upper left corner of the screen. When the mouse is positioned over a specific statement, the actual corresponding quotation from the Documentation Guidelines will appear in the blue-green help box across the bottom of the page as an additional reference.

1 Risk Screen - Presenting Problem(s)

Click an area on the image (areas where the ☝ cursor appears, i.e. History) below for more information and to preview the various screens.

The Presenting Problem tab of the three Risk screens is used to indicate the level of risk associated with the presenting problem documented for the encounter being audited. To select the desired level of Presenting Problem Risk, click on the risk elements or statements. Selected risk elements will be “highlighted” in Red. The highest corresponding level of Presenting Problem Risk (e.g. minimal, low, moderate, high) will appear to the left of the selected elements. To unselect any element, simply click that element again (it will turn blue again).

1 Risk Screen - Diagnostic Procedure(s) Ordered

Click an area on the image (areas where the ☝ cursor appears, i.e. History) below for more information and to preview the various screens.

The Diagnostic Procedures tab of the three Risk screens is used to indicate the level of risk associated with the review or ordering of diagnostic procedures or services documented, if applicable, for the encounter being audited. To select the desired level of Diagnostic Procedures Risk, click on the risk elements or statements. Selected risk elements will be “highlighted” in Red. The highest corresponding level of Diagnostic Procedures Risk (e.g. minimal, low, moderate, high) will appear to the left of the selected statements. To unselect any element, simply click that element again (it will turn blue again).

1 Risk Screen - Management Option(s) Selected

Click an area on the image (areas where the ☝ cursor appears, i.e. History) below for more information and to preview the various screens.

The Management Option(s) Selected tab of the three Risk screens is used to indicate the level of risk associated with the management options documented for the encounter being audited. To select the desired level of Management Options Risk, click on the risk elements or statements. Selected risk elements will be "highlighted" in Red. The highest corresponding level of Management Options Risk (e.g. minimal, low, moderate, high) will appear to the left of the selected statements. To unselect any element, simply click that element again (it will turn blue again).

1 Teaching Physician Screen

Click selected areas on the image (areas where the ☝ cursor appears, i.e. Navigation Buttons) below for more information and to preview the various screens.

The Teaching Physician Screen is available only to Intelicode P.A.T.H. customers. This screen is activated by identifying an encounter as a Teaching Visit by clicking a check box on the Patient screen. Once the check box has been clicked an additional button/tab will appear across the top of the Intelicode screen (between the Decision and End buttons/tabs) labeled "Teaching." The Teaching screen displays a field for the Resident's name followed by a series of questions to determine if the encounter being audited meets the Teaching Physician Guidelines as issued by CMS.

The Resident's name field operates like the Attending Provider & Referring Provider fields. Simply click the drop down arrow in the field and choose the Add New Resident option. The Attending Resident Maintenance pop-up screen will appear. Complete the resident's identification number (chosen by the user), last and first names, then click the Save and Close buttons.

The questions should all be answered by choosing the appropriate Yes or No answer to each question. Once the Teaching Guidelines have been met, a GC modifier will be displayed with the audited/reviewed code in the upper right hand corner of the screen. An asterisk (*) will be displayed when the Teaching Guidelines have not been met.

Note: Teaching visits not meeting the Teaching Guidelines (Identified by (*)) will be displayed in the Non-Compliant TP (*) field on the Visit Summaries screen.

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1 End Screen

Click selected areas on the image (areas where the ☝ cursor appears, i.e. E & M Codes) below for more information and to preview the various screens.

Code – The audited code (the code produced by the information entered by the reviewer) will appear in the upper right corner of the End screen in Yellow font.

Visit Information - The information reflecting in this section of the End screen is a culmination of the encounter information the reviewer has entered up to this point. If information reflected on this portion of the End screen is incorrect, return to the screen where the original information was entered to make the appropriate changes.

Time – If Time is a factor in the encounter being audited, enter the Face-to-Face time in the appropriate field by clicking on the drop down arrow and selecting the documented Face-to-Face time. Additionally, enter the documented Counseling time in the appropriate field by clicking on the drop down arrow and selecting the documented Counseling time. If the Counseling time is 50% or more of the total Face-to-Face time, Intelicode will automatically adjust to reflect the appropriate code in the selected service category in relation to the times entered. If you wish to remove Face-to-Face and Counseling times, simply click on the drop down arrows and select the blank space at the top of the times listed in each field.

Comparison – Intelicode calculates the "Reviewer E&M" based on what has been selected in each of the screens (History, Exam, Decision). When you get to the end of the review and are on the End Screen, select the Provider E&M from the list of E&M codes in the middle of the screen. To the left of the list of E&M codes you will notice a "Comparison" area. This shows the "Reviewer E&M" and the "Provider E&M" and will calculate a "Variance" based on the code difference. A "Fee Difference" will also be calculated based on your fee schedule selected.

NOTE: When the Reviewer E&M and Provider E&M are from different Service Categories (i.e. Office/Outpatient vs Consultation) the "Variance will not calculate automatically. You can manually select the Variance from the drop-down list.

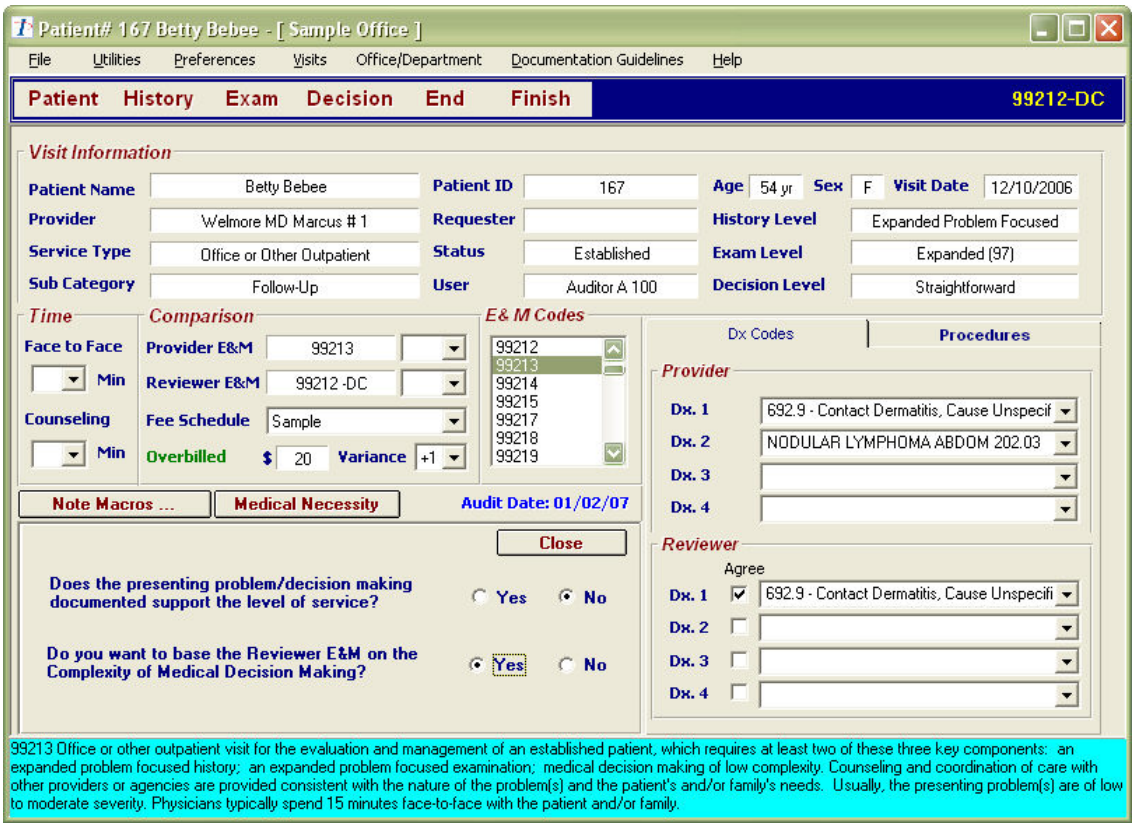
Provider E & M – The code used by the provider for billing the encounter being audited.

Reviewer E & M - The audited/reviewed code (the code produced by the information entered by the reviewer) will appear in the upper righ corner of the each screen in Yellow font and in the Reviewer E&M field in the "Comparison" area.

Modifier – This is the Modifier field *(located next to the Provider and Reviewer E&M fields)* for the Provider and Reviewer E&M. Select the appropriate modifier, if applicable, by clicking on the drop down arrow and clicking on the desired modifier.

Fee Schedule – The fee schedule field will display the fee schedule utilized to produce the comparison “Overbilled” or "Underbilled" amount. This field also allows the reviewer to change fee schedule for the encounter being audited, if more than one fee schedule is loaded. If no fee schedule amounts are loaded, the “Overbilled” or "Underbilled" field will remain blank in applicable situations.

Diagnosis Codes – Select the diagnosis code(s) used by the provider when billing the audited encounter, when applicable, if desired. Select the Reviewer diagnosis code(s), when desired. The diagnosis codes are pre-loaded by Intelicode. The display of the pre-loaded diagnosis codes can be changed to display the code first, or the description first.



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1 Note Macros

Click selected areas on the image (areas where the ☝ cursor appears, i.e. E&M Codes) below for more information and to preview the various screens.

Note Macros – Note Macros can be an extremely helpful tool for auditors to help them more clearly elaborate their findings in encounter documentation. Note Macros can also be extremely beneficial as an educational tool for providing physicians/providers with additional information about problems and or recommendations concerning documentation. Think of them as saved information tidbits that can be pasted into an encounter anytime you wish. To begin using Note Macros, simply click on the Note Macros button appearing in the lower portion of the screen on the Patient, History and End Screens. A Note Macro Maintenance pop-up screen will appear. Select the "Add New Macro" button. The bottom of the pop-up screen will change to have a section labeled "Create/Edit A Note Macro." In the field "Macro Name" enter the name you wish to give this macro (what you will be able to identify this macro by from a list, e.g. hand writing or legibility). The next field is Macro Type field displaying three types, "Issue", "Recommendation" or "Other." As each new macro is created, the name of that macro will appear in the list box on the left side of the Macro Maintenance screen followed by a letter identifying the type of macro (i.e. (I), (R), or blank for Other)

An **"Issue"** would be what you consider an issue to be addressed, corrected, or otherwise identified to the auditor and/or provider.

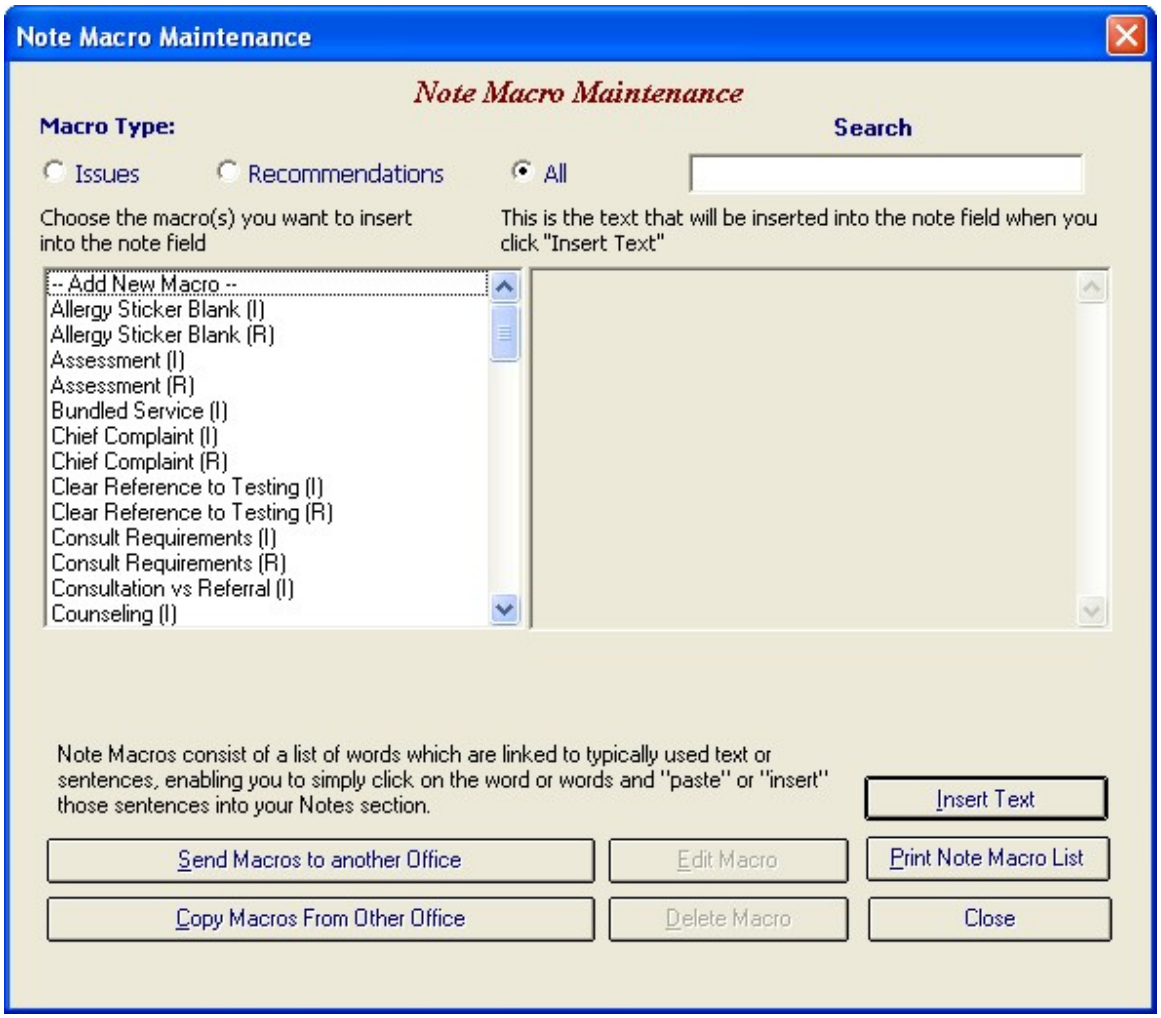
A **"Recommendation"** would be the auditor's recommendation of how to address a particular issue or problem with documentation, diagnosis and/or CPT coding related to the

encounter(s) being audited (individual or entire grouping of encounters or providers). An easy way to utilize this feature would be to give an "Issue" macro and its respective "Recommendation" macro the same names. (i.e. Issue macro named "Legibility (I)" and the corresponding Recommendation macro would also be named "Legibility (R)")

If your desired new macro is not an "Issue" or a "Recommendation" (e.g. a note to the auditor, or additional information macros like Additional Diagnoses or Additional CPT Codes, etc.) the type would be **Other**.

In the "Macro Contents" field, enter the information you wish to appear for this macro, exactly as you wish it to appear, including all of the appropriate grammar and punctuation necessary. When finished, click the "OK" button.

Once your macros have been successfully added, the names of your macros will appear in the macros list on the left side of the Note Macro Maintenance screen. Select the name of the macro you wish to insert into the encounter you are auditing (the contents of that macro will appear in the block on the right side of the screen). Click the "Insert Text" button and the macro will then be inserted into the Notes (white text field) field at the bottom of the screen on the Patient, History and End screens. If you know the Note Macro you wish to use is already created, simply click the "Note Macros" button to get to the "Note Macros Maintenance" screen, then select the macro name you wish to insert and click the "Insert Text" button and the macro will be inserted.


Note Macro Maintenance
Note Macro Maintenance
Macro Type:
Issues
Recommendations
All
Search
Choose the macro(s) you want to insert into the note field
This is the text that will be inserted into the note field when you click "Insert Text"
-- Add New Macro --
Allergy Sticker Blank (I)
Allergy Sticker Blank (R)
Assessment (I)
Assessment (R)
Bundled Service (I)
Chief Complaint (I)
Chief Complaint (R)
Clear Reference to Testing (I)
Clear Reference to Testing (R)
Consult Requirements (I)
Consult Requirements (R)
Consultation vs Referral (I)
Counseling (I)
Note Macros consist of a list of words which are linked to typically used text or sentences, enabling you to simply click on the word or words and "paste" or "insert" those sentences into your Notes section.
Insert Text
Send Macros to another Office
Edit Macro
Print Note Macro List
Copy Macros From Other Office
Delete Macro
Close

1 Visit Summaries

Visit Summaries – The visit summaries screen displays the audited encounters for each office/department. You may sort by using only one filter or multiple filters at the same time. The information displayed on this screen can be sorted in multiple ways to make your reports as specific as you desire. The following will describe the various filtering items on the Visit Summaries screen.

Visit Date / Audit Date – This sort will determine if the encounters displayed will be sorted by visit date or audit date. The Visit Date is the date of service of the audited encounter. The Audit Date is the actual date the audit was performed (Intelicode automatically stores the date each audit is performed). The date fields located directly below the Visit Date / Audit Date toggle button correspond with which ever type of date is selected. For example, if Visit Date is selected, the date boxes display 2/27/2005 – 2/27/2007, the encounters displayed will be only those encounters with visit dates (service dates) ranging from 2/27/2005 through 2/27/2007. The same applies to Audit Date, when this is selected the date ranges displayed in the date fields will control the encounters displayed by their actual date of audit.

Status – This is patient status – New or Established

Service Category / Sub Category – this field will allow you to sort by the service type (from the Patient Screen). Once the service type (Office or other outpatient, Hospital inpatient services, etc) is selected, the Sub Category field will be populated with the corresponding service sub-types (from Patient Screen, i.e. initial, follow-up).

Provider – this field will allow you to sort the encounters displayed by the provider selected. The providers available for this field are those you have previously added to your Provider fields on the Patient screen.

CPT Code – will allow you to sort the encounters displayed by CPT Code.

The CPT Code that will be referenced for this sort will be the Provider CPT for the audited encounters.

User – will allow you to sort displayed encounters by the user or auditor who performed the audits.

Specialty – this field will allow you to sort the encounters displayed by the specialty of the providers who performed the encounters/visits.

Requester – this field will allow you to sort encounters displayed by the Requesting Provider. The Requesters available for this field are those you have previously added to your Requester field on the Patient screen.

Var – This field will allow you to sort the encounters displayed by the Variance between the provider code and auditor code. This information is taken from the Var field on the End screen.

Macro – this field will allow you to sort the encounters displayed by the Note Macros utilized. The Macros available for this field are those previously added to the Note Macros Maintenance screen.

The informational fields located at the bottom of the screen will provide totals specific to the sorts performed. There are two sets of numbers for each heading, “No.” for number and “$” for dollars.

Total Visits – Reflects the total number of visits associated with the displayed information, and the total dollar amount of the visits associated with the information displayed.

Under Coded/Billed – Reflects the total number of visits and percentage that were Under Coded/Billed, and the total dollar amount of those Under Coded/Billed services.

Over Coded/Billed - Reflects the total number of visits and percentage that were Over Coded/Billed, and the total dollar amount of those Over Coded/Billed services.

Non-Compliant Teaching (P.A.T.H. only)– Reflects only those services (the number and percentage) that are non-Compliant teaching service, or those services that did not meet the teaching physician guidelines.

NOTE: when you select a visit (see above) the notes associated with that encounter are displayed below.

NOTE: To Delete a visit, "Right Click" on the selected visit and choose "Delete".

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1 Visit Summaries Archive

When you edit a visit, Intelicode keeps the original in its unaltered format. The "edited visit" is saved in ***Visit Summaries***. You can not go back and edit an original once you have changed it, but you can *print* it or *delete* it. "Right Click" on a visit to print or delete it.

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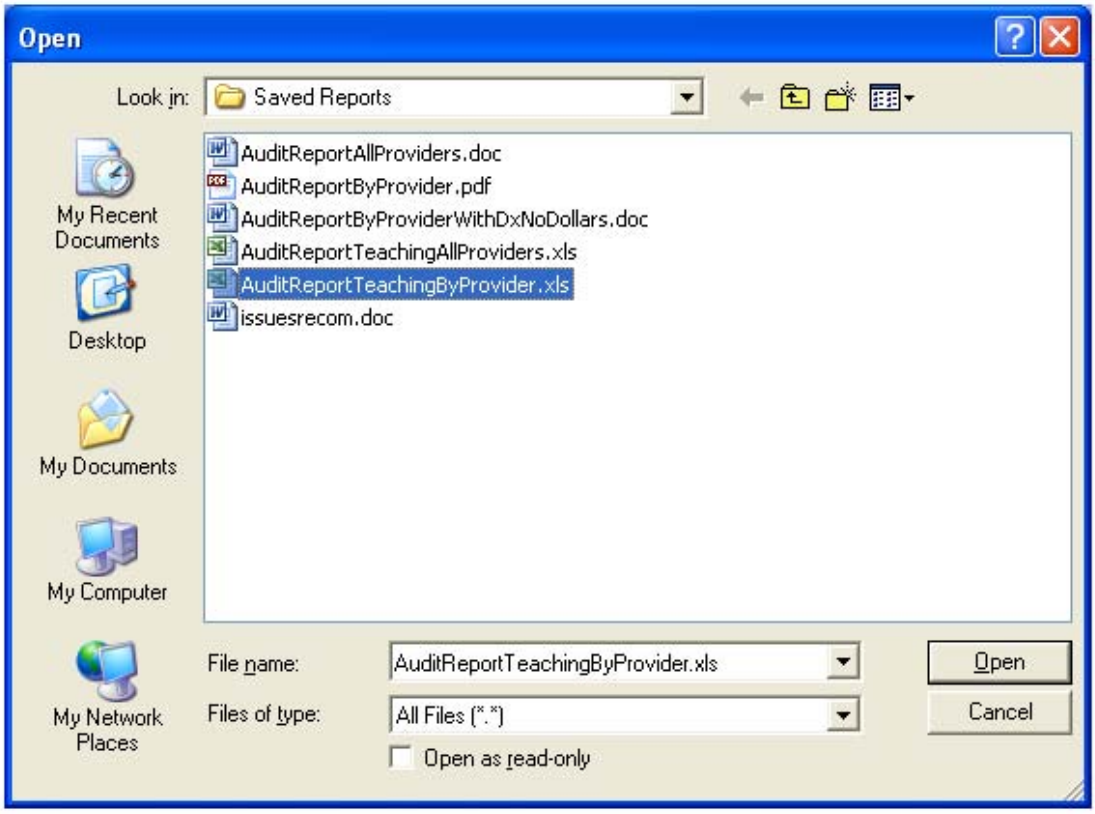
1 Retrieving Saved Reports

Intelicode gives the user the ability to save reports in different formats (i.e. Word®, Excel®, PDF). You can access your saved reports by going to the File drop down menu (located at the top of the page) and select Retrieve Saved Reports.

An “Open” pop-up window will appear. Select the file name containing your saved reports and click the Open button, or double click the file name.



NOTE: The "Open" dialog's default "Files of Type" looks for Word™ Doc files. Choose "All Files" to see all types of files (i.e. Excel™ and Acrobat™ PDF).

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Reports and Printing

Generating Audit Summary Reports

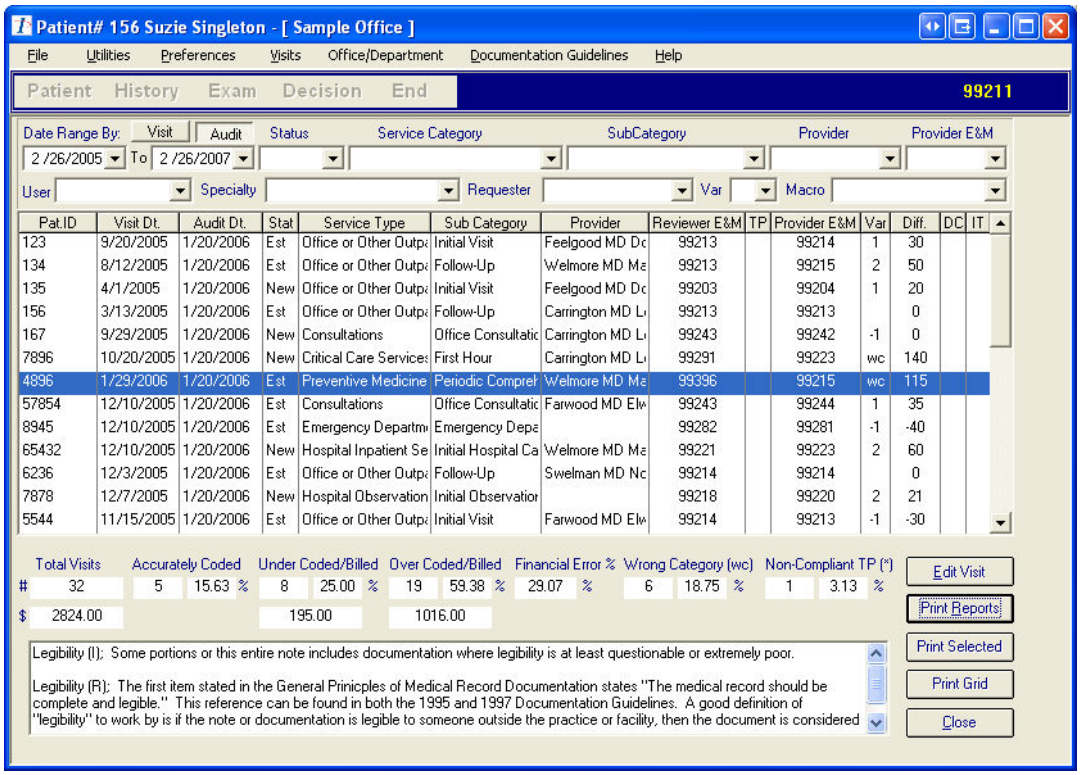
Intelicode makes creating custom reports easy to generate *Audit Summary Reports*, *Encounter Detail*, and *Issues and Recommendations* reports:

Step One:

choose ***Visit Summaries*** from the ***Visits*** menu.

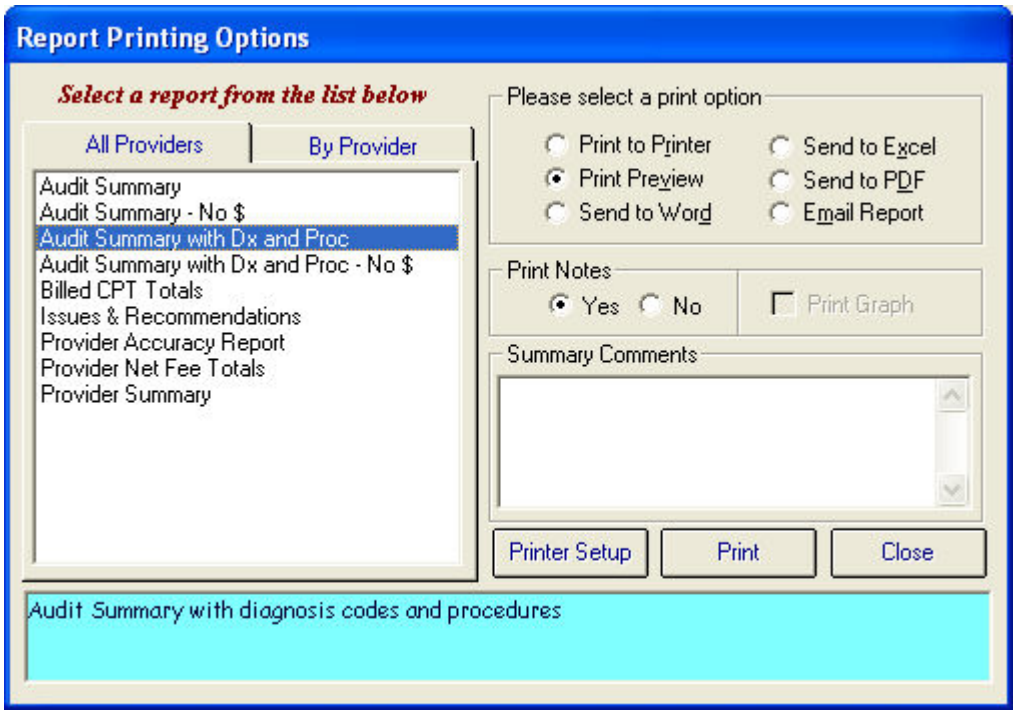
Step Two:

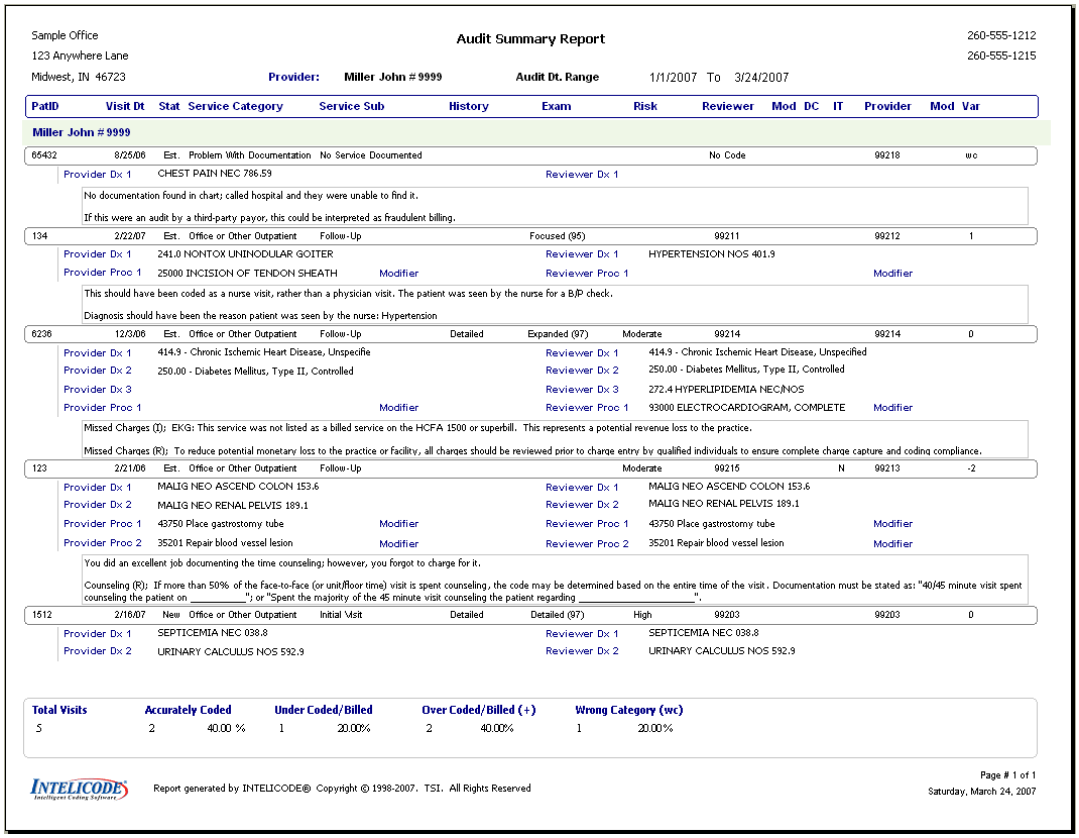
Choose the criteria you wish to report by (i.e. Status, Service Category, Sub Category, Provider, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will "filter" the information to suit your needs. In our example, we chose Dr. Welmore from the ***Provider*** list.


Patient# 156 Suzie Singleton - [Sample Office]
File Utilities Preferences Visits Office/Department Documentation Guidelines Help
Patient History Exam Decision End
99211
Date Range By: Visit Audit
Status
Service Category
SubCategory
Provider
Provider E&M
2/26/2005 To 2/26/2007
User
Specialty
Requester
Var
Macro
Pat.ID | Visit Dt. | Audit Dt. | Stat | Service Type | Sub Category | Provider | Reviewer E&M | TP | Provider E&M | Var | Diff. | DC | IT
123 | 9/20/2005 | 1/20/2006 | Est | Office or Other Outpa | Initial Visit | Feelgood MD Dc | 99213 | | 99214 | 1 | 30
134 | 8/12/2005 | 1/20/2006 | Est | Office or Other Outpa | Follow-Up | Welmore MD Ma | 99213 | | 99215 | 2 | 50
135 | 4/1/2005 | 1/20/2006 | New | Office or Other Outpa | Initial Visit | Feelgood MD Dc | 99203 | | 99204 | 1 | 20
156 | 3/13/2005 | 1/20/2006 | Est | Office or Other Outpa | Follow-Up | Carrington MD Lu | 99213 | | 99213 | | 0
167 | 9/29/2005 | 1/20/2006 | New | Consultations | Office Consultatic | Carrington MD Lu | 99243 | | 99242 | -1 | 0
7896 | 10/20/2005 | 1/20/2006 | New | Critical Care Services | First Hour | Carrington MD Lu | 99291 | | 99223 | wc | 140
4896 | 1/29/2006 | 1/20/2006 | Est | Preventive Medicine | Periodic Compreh | Welmore MD Ma | 99396 | | 99215 | wc | 115
57854 | 12/10/2005 | 1/20/2006 | Est | Consultations | Office Consultatic | Farwood MD Elv | 99243 | | 99244 | 1 | 35
8945 | 12/10/2005 | 1/20/2006 | Est | Emergency Departm | Emergency Depa | | 99282 | | 99281 | -1 | -40
65432 | 12/10/2005 | 1/20/2006 | New | Hospital Inpatient Se | Initial Hospital Ca | Welmore MD Ma | 99221 | | 99223 | 2 | 60
6236 | 12/3/2005 | 1/20/2006 | Est | Office or Other Outpa | Follow-Up | Swelman MD Nc | 99214 | | 99214 | | 0
7878 | 12/7/2005 | 1/20/2006 | New | Hospital Observation | Initial Observatior | | 99218 | | 99220 | 2 | 21
5544 | 11/15/2005 | 1/20/2006 | Est | Office or Other Outpa | Initial Visit | Farwood MD Elv | 99214 | | 99213 | -1 | -30
Total Visits | Accurately Coded | Under Coded/Billed | Over Coded/Billed | Financial Error % | Wrong Category (wc) | Non-Compliant TP (*)
32 | 5 15.63 % | 8 25.00 % | 19 59.38 % | 29.07 % | 6 18.75 % | 1 3.13 %
$ 2824.00 | 195.00 | 1016.00
Edit Visit
Print Reports
Print Selected
Print Grid
Close
Legibility (I): Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R): The first item stated in the General Prinicples of Medical Record Documentation states "The medical record should be complete and legible." This reference can be found in both the 1995 and 1997 Documentation Guidelines. A good definition of "legibility" to work by is if the note or documentation is legible to someone outside the practice or facility, then the document is considered

Step Three:

Select the report from the list of reports, then choose where you want to send it (i.e. Printer, Word™, PDF, etc.) and click ***OK***. In this example we chose the ***Audit Report by Provider With Dx***.





Sample Office
123 Anywhere Lane
Midwest, IN 46723

Audit Summary Report

260-555-1212
260-555-1215

Provider: Miller John # 9999 **Audit Dt. Range** 1/1/2007 To 3/24/2007

PatID	Visit Dt	Stat	Service Category	Service Sub	History	Exam	Risk	Reviewer	Mod	DC	IT	Provider	Mod	Var
Miller John # 9999														
65432	8/26/06	Est.	Problem With Documentation	No Service Documented				No Code				99218		wc
Provider Dx 1	CHEST PAIN NEC 786.59					Reviewer Dx 1								
No documentation found in chart; called hospital and they were unable to find it.														
If this were an audit by a third-party payor, this could be interpreted as fraudulent billing.														
134	2/22/07	Est.	Office or Other Outpatient	Follow-Up		Focused (95)		99211				99212		1
Provider Dx 1	241.0 NONTOX UNINODULAR GOITER					Reviewer Dx 1	HYPERTENSION NOS 401.9							
Provider Proc 1	25000 INCISION OF TENDON SHEATH			Modifier		Reviewer Proc 1						Modifier		
This should have been coded as a nurse visit, rather than a physician visit. The patient was seen by the nurse for a B/P check.														
Diagnosis should have been the reason patient was seen by the nurse: Hypertension														
6236	12/3/06	Est.	Office or Other Outpatient	Follow-Up	Detailed	Expanded (97)	Moderate	99214				99214		0
Provider Dx 1	414.9 - Chronic Ischemic Heart Disease, Unspecifie					Reviewer Dx 1	414.9 - Chronic Ischemic Heart Disease, Unspecified							
Provider Dx 2	250.00 - Diabetes Mellitus, Type II, Controlled					Reviewer Dx 2	250.00 - Diabetes Mellitus, Type II, Controlled							
Provider Dx 3						Reviewer Dx 3	272.4 HYPERLIPIDEMIA NEC/NOS							
Provider Proc 1				Modifier		Reviewer Proc 1	93000 ELECTROCARDIOGRAM, COMPLETE					Modifier		
Missed Charges (I); EKG: This service was not listed as a billed service on the HCFA 1500 or superbill. This represents a potential revenue loss to the practice.														
Missed Charges (R); To reduce potential monetary loss to the practice or facility, all charges should be reviewed prior to charge entry by qualified individuals to ensure complete charge capture and coding compliance.														
123	2/21/06	Est.	Office or Other Outpatient	Follow-Up			Moderate	99215		N		99213		-2
Provider Dx 1	MALIG NEO ASCEND COLON 153.6					Reviewer Dx 1	MALIG NEO ASCEND COLON 153.6							
Provider Dx 2	MALIG NEO RENAL PELVIS 189.1					Reviewer Dx 2	MALIG NEO RENAL PELVIS 189.1							
Provider Proc 1	43750 Place gastrostomy tube			Modifier		Reviewer Proc 1	43750 Place gastrostomy tube					Modifier		
Provider Proc 2	35201 Repair blood vessel lesion			Modifier		Reviewer Proc 2	35201 Repair blood vessel lesion					Modifier		
You did an excellent job documenting the time counseling; however, you forgot to charge for it.														
Counseling (R); IF more than 50% of the face-to-face (or unit/floor time) visit is spent counseling, the code may be determined based on the entire time of the visit. Documentation must be stated as: "40/45 minute visit spent counseling the patient on _____"; or "Spent the majority of the 45 minute visit counseling the patient regarding _____".														
1512	2/16/07	New	Office or Other Outpatient	Initial Visit	Detailed	Detailed (97)	High	99203				99203		0
Provider Dx 1	SEPTICEMIA NEC 038.8					Reviewer Dx 1	SEPTICEMIA NEC 038.8							
Provider Dx 2	URINARY CALCULUS NOS 592.9					Reviewer Dx 2	URINARY CALCULUS NOS 592.9							

Total Visits	Accurately Coded		Under Coded/Billed		Over Coded/Billed (+)		Wrong Category (wc)	
5	2	40.00 %	1	20.00%	2	40.00%	1	20.00%

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Page # 1 of 1
Saturday, March 24, 2007

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Encounter Detail Report

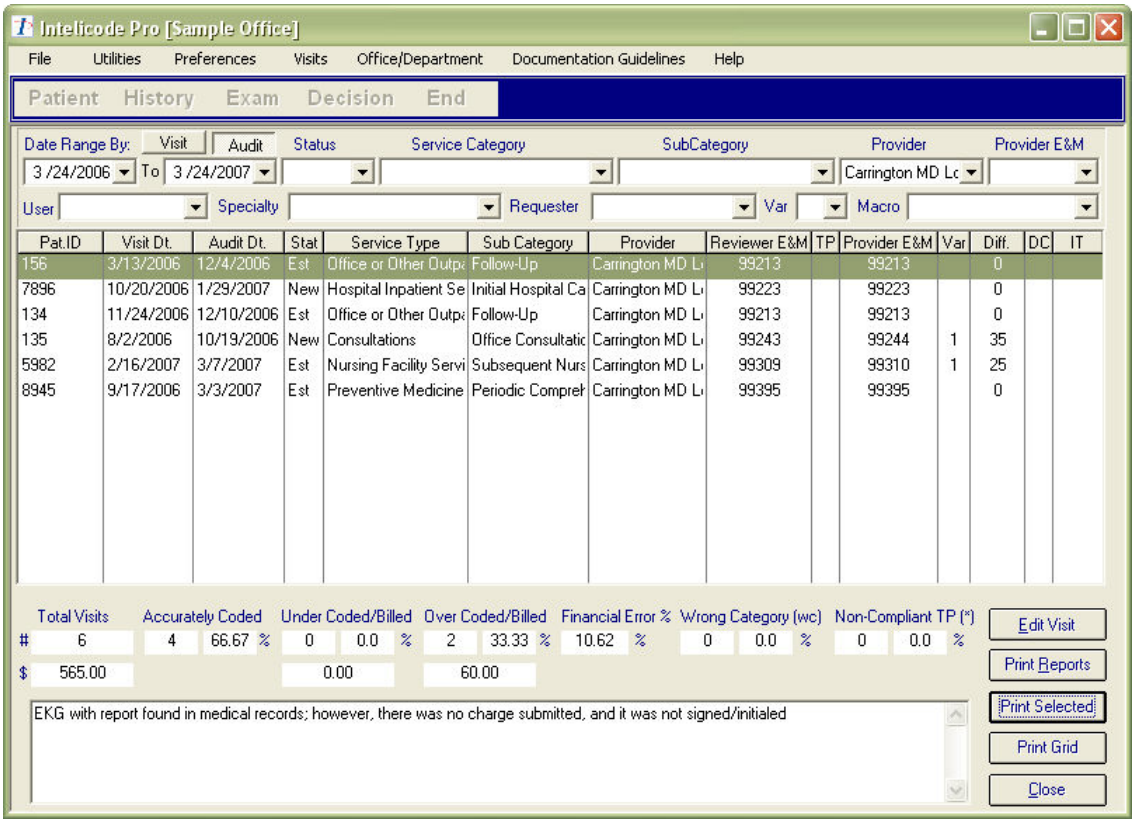
The ***Encounter Detail Report*** can be printed at the end of the audit or later from Visit Summaries. To print from Visit Summaries follow these simple steps:

Step One:

choose ***Visit Summaries*** from the ***Visits*** menu.

Step Two:

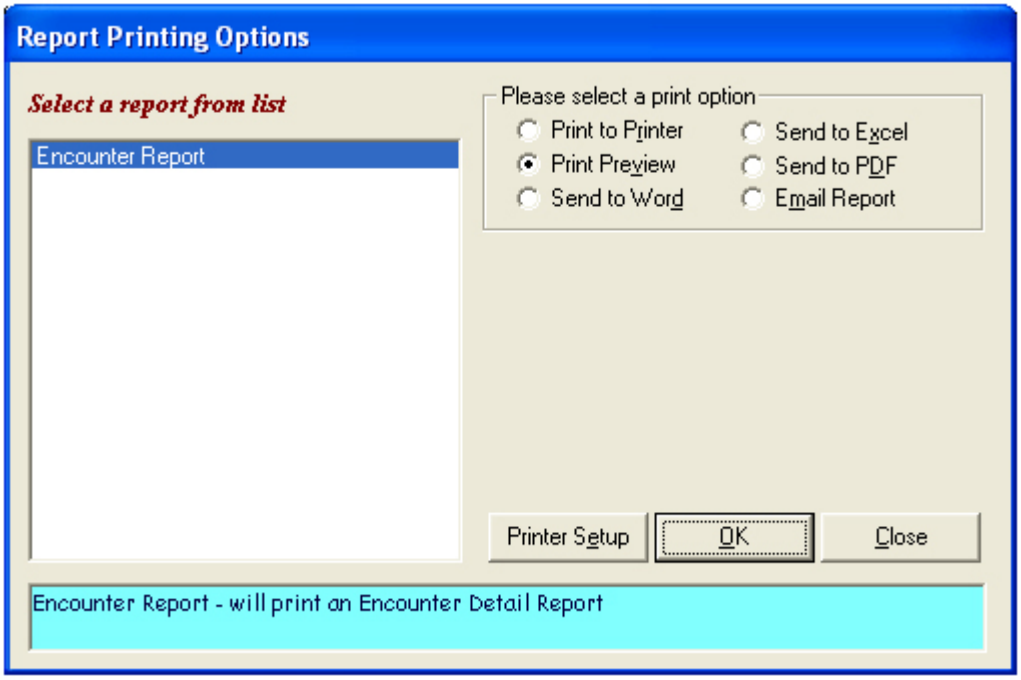
Choose the criteria you wish to report by (i.e. Status, Service Category, Sub Category, Provider, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will "filter" the information to suit your needs. In our example, we chose Dr. Carrington from the ***Provider*** list.



NOTE: when you select a visit (see above) the notes associated with that encounter are displayed below.

Step Three

select a visit and click the ***Print Selected*** button and choose your Print Options. Click ***OK***.



Sample Office
123 Anywhere Lane
Midwest, IN 46723

Encounter Detail Report

260-555-1212
260-555-1215

Pt. ID	156	**Pt. Name**	Singleton Suzie	**Sex**	F	**DOB**	8/14/1945	**Visit Dt**	3/13/06	**Audit Dt**	12/4/06

Provider	Carrington MD Lotta # 3	**Requester**		**Reviewer E&M**	99213	
Service Categor	Office or Other Outpatient	**Status**	Established	**Provider E&M**	99213	
Sub Category	Follow-Up	**Reviewer**	Auditor B 200	**No Differenc**	$ 0.00	**Variance**
Face to Face	**Minutes**	**Counseling**	**Minutes**	**Fee Schedul**		Sample

Provider Dx 1	401.9 - Hypertension, Unspecified	**Reviewer Dx 1**	401.9 - Hypertension, Unspecified
Provider Dx 2	427.9 - Cardiac Dysrhythmia, Unspecified	**Reviewer Dx 2**	427.9 - Cardiac Dysrhythmia, Unspecified
Provider Proc 1	**Mod**	**Reviewer Proc 1**	93000 Electrocardiogram, complete **Mod**

History — Chronic Disease(s) Reviewed — **Chief Complaint Documented** — Expanded History

History Of Present Illness (HPI) Brief
Quality, Severity,

Review Of Systems (ROS) Extended
Constitutional Symptoms, Cardiovascular, Respiratory,

Past, Family & Social History (PFSH Pertinent

PAST Current Medications,

FAMILY

SOCIAL

Examination — Body Areas/Organ Systems (95) — Expanded (95)

Organ Systems - Cardiovascular
Organ Systems - Constitutional
Organ Systems - Respiratory

Medical Decision — Moderate Complexity

Diagnosis Or Management Options

2 Established diagnosis - improved, well controlled, resolving, or resolved

Amount/Complexity of Data

- Review and/or order of clinical lab tests (CPT codes in the 80000 series)
- Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
- Independent review of image, tracing or specimen

Risk MODERATE

Presenting Problem(s)
- 2 or more stable chronic illnesses

Diagnostic Procedures
- Laboratory tests requiring venipuncture
- EKG/EEG

Management Optior
- Prescription drug management

Encounter Notes

EKG with report found in medical records; however, there was no charge submitted, and it was not signed/initialed

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Page # 1 of 1
Saturday, March 24, 2007

Issues and Recommendations™ Report

The Issues and Recommendations Report depends greatly on how well you utilize your Note Macros in Intelicode. In the course of your auditing you will utilize the various macros that you have developed. Each time you insert a macro that is an Issue (problem) Intelicode

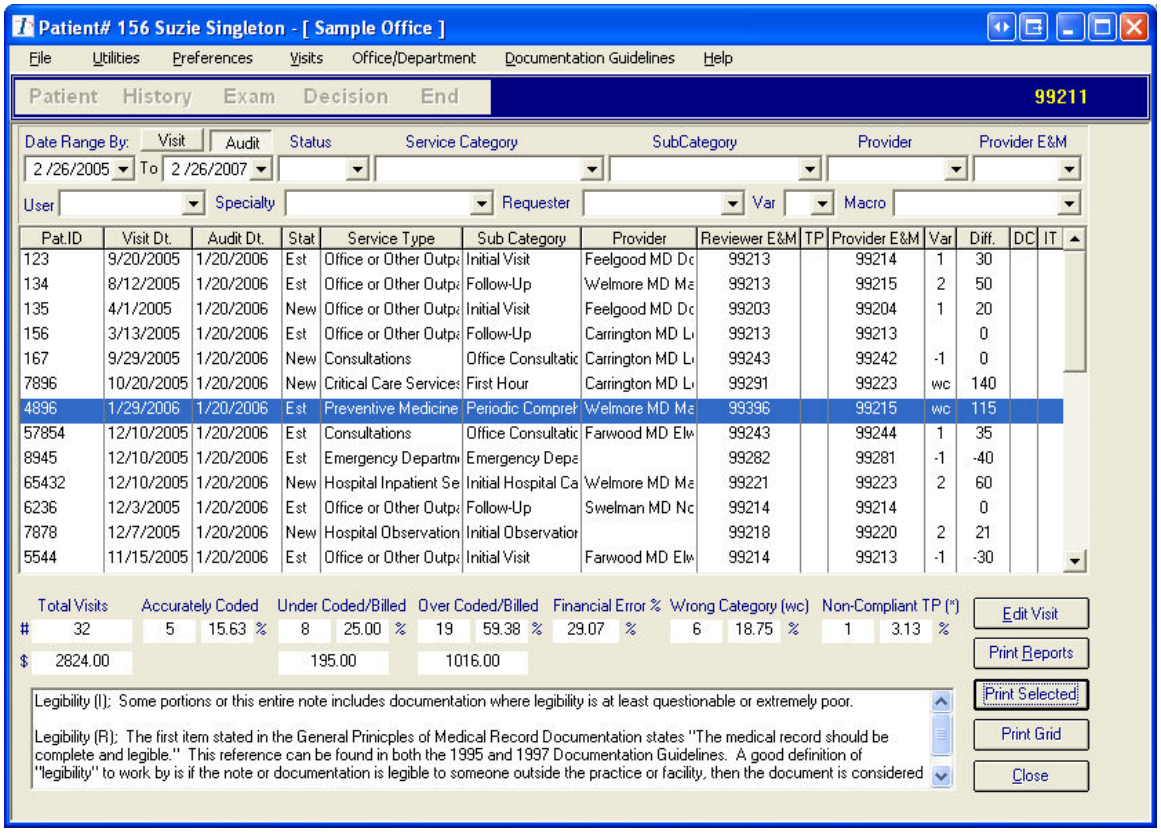
keeps a tally. When you insert a macro that is a Recommendation Intelicode keeps track of that too. To generate the report follow these simple steps:

Step One:

choose ***Visit Summaries*** from the ***Visits*** menu.

Step Two:

Choose the criteria you wish to report by (i.e. Status, Service Category, Sub Category, Provider, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will "filter" the information to suit your needs.


Patient# 156 Suzie Singleton - [Sample Office]
File Utilities Preferences Visits Office/Department Documentation Guidelines Help
Patient History Exam Decision End
99211
Date Range By: Visit Audit
2/26/2005 To 2/26/2007
Status
Service Category
SubCategory
Provider
Provider E&M
User
Specialty
Requester
Var
Macro
Pat.ID | Visit Dt. | Audit Dt. | Stat | Service Type | Sub Category | Provider | Reviewer E&M | TP | Provider E&M | Var | Diff. | DC | IT
123 | 9/20/2005 | 1/20/2006 | Est | Office or Other Outpa | Initial Visit | Feelgood MD Dc | 99213 | | 99214 | 1 | 30
134 | 8/12/2005 | 1/20/2006 | Est | Office or Other Outpa | Follow-Up | Welmore MD Ma | 99213 | | 99215 | 2 | 50
135 | 4/1/2005 | 1/20/2006 | New | Office or Other Outpa | Initial Visit | Feelgood MD Dc | 99203 | | 99204 | 1 | 20
156 | 3/13/2005 | 1/20/2006 | Est | Office or Other Outpa | Follow-Up | Carrington MD L | 99213 | | 99213 | | 0
167 | 9/29/2005 | 1/20/2006 | New | Consultations | Office Consultatic | Carrington MD L | 99243 | | 99242 | -1 | 0
7896 | 10/20/2005 | 1/20/2006 | New | Critical Care Services | First Hour | Carrington MD L | 99291 | | 99223 | wc | 140
4896 | 1/29/2006 | 1/20/2006 | Est | Preventive Medicine | Periodic Comprel | Welmore MD Ma | 99396 | | 99215 | wc | 115
57854 | 12/10/2005 | 1/20/2006 | Est | Consultations | Office Consultatic | Farwood MD Elv | 99243 | | 99244 | 1 | 35
8945 | 12/10/2005 | 1/20/2006 | Est | Emergency Departm | Emergency Depa | | 99282 | | 99281 | -1 | -40
65432 | 12/10/2005 | 1/20/2006 | New | Hospital Inpatient Se | Initial Hospital Ca | Welmore MD Ma | 99221 | | 99223 | 2 | 60
6236 | 12/3/2005 | 1/20/2006 | Est | Office or Other Outpa | Follow-Up | Swelman MD Nc | 99214 | | 99214 | | 0
7878 | 12/7/2005 | 1/20/2006 | New | Hospital Observation | Initial Observatior | | 99218 | | 99220 | 2 | 21
5544 | 11/15/2005 | 1/20/2006 | Est | Office or Other Outpa | Initial Visit | Farwood MD Elv | 99214 | | 99213 | -1 | -30
Total Visits | Accurately Coded | Under Coded/Billed | Over Coded/Billed | Financial Error % | Wrong Category (wc) | Non-Compliant TP (*)
32 | 5 15.63 % | 8 25.00 % | 19 59.38 % | 29.07 % | 6 18.75 % | 1 3.13 %
$ 2824.00 | 195.00 | 1016.00
Edit Visit
Print Reports
Print Selected
Print Grid
Close
Legibility (I): Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R): The first item stated in the General Prinicples of Medical Record Documentation states "The medical record should be complete and legible." This reference can be found in both the 1995 and 1997 Documentation Guidelines. A good definition of "legibility" to work by is if the note or documentation is legible to someone outside the practice or facility, then the document is considered

NOTE: when you select a visit (see above) the notes associated with that encounter are displayed below.

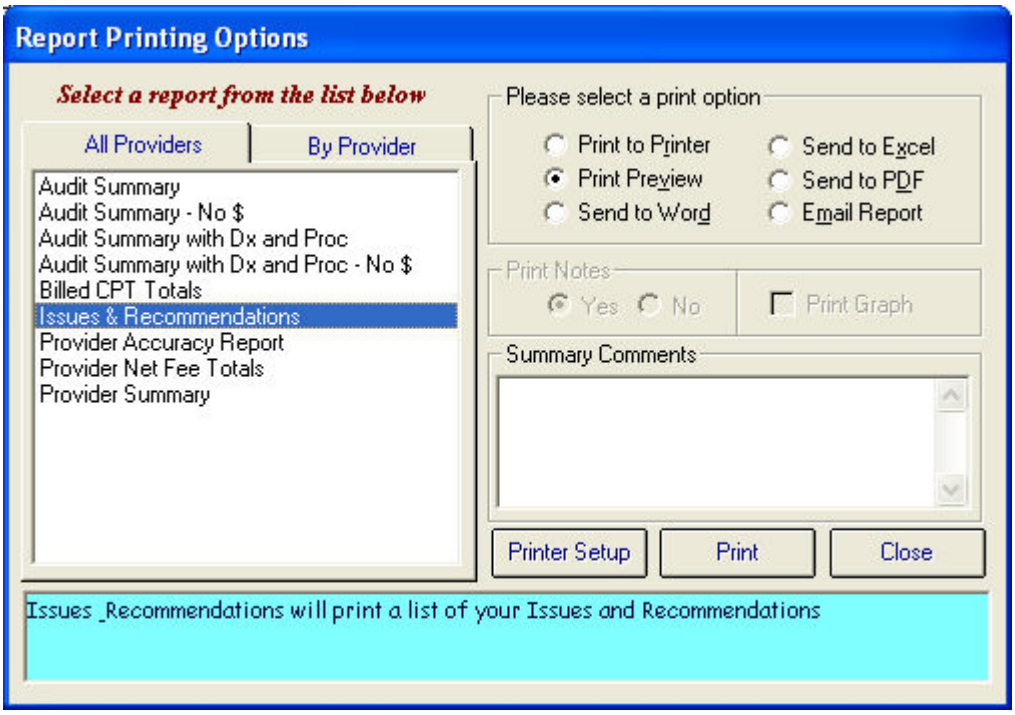
Step Three:

Click the ***Print Reports*** button and you will see the ***Report Printing Options*** dialog.

Step Four:

Fill in any comments (i.e. the Type of Audit, Provider name, etc.). Then click OK and choose your "Print Destination" (i.e. Printer, Word™, PDF, etc).

See more on Report Printing Options



This is a sample Issues and Recommendations report generated by Intelicode.

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Issues & Recommendations Report

260-555-1212
260-555-1215

Audit Date: 3/24/2007
Auditor: Auditor A 100
Provider: Miller John # 9999
Number of Reports Audited: 5
Comments:

Records accurately coded	2	40.00%
Records over coded	2	40.00%
Records under coded	1	20.00%
Records wrong category (wc)	1	20.00%

Documentation and Coding Issues

1 Encounter(s) Reflect (s) This service was not listed as a billed service on the HCFA 1500 or superbill. This represents a potential revenue loss to the practice.

Recommendations

If more than 50% of the face-to-face (or unit/floor time) visit is spent counseling, the code may be determined based on the entire time of the visit . Documentation must be stated as: "20/30 minute visit spent counseling the patient on_____";or "Spent the majority of the 45 minute visit counseling the patient regarding _____".

To reduce potential monetary loss to the practice or facility all charges should be reviewed prior to charge entry by qualified individuals to ensure complete charge capture and coding compliance.

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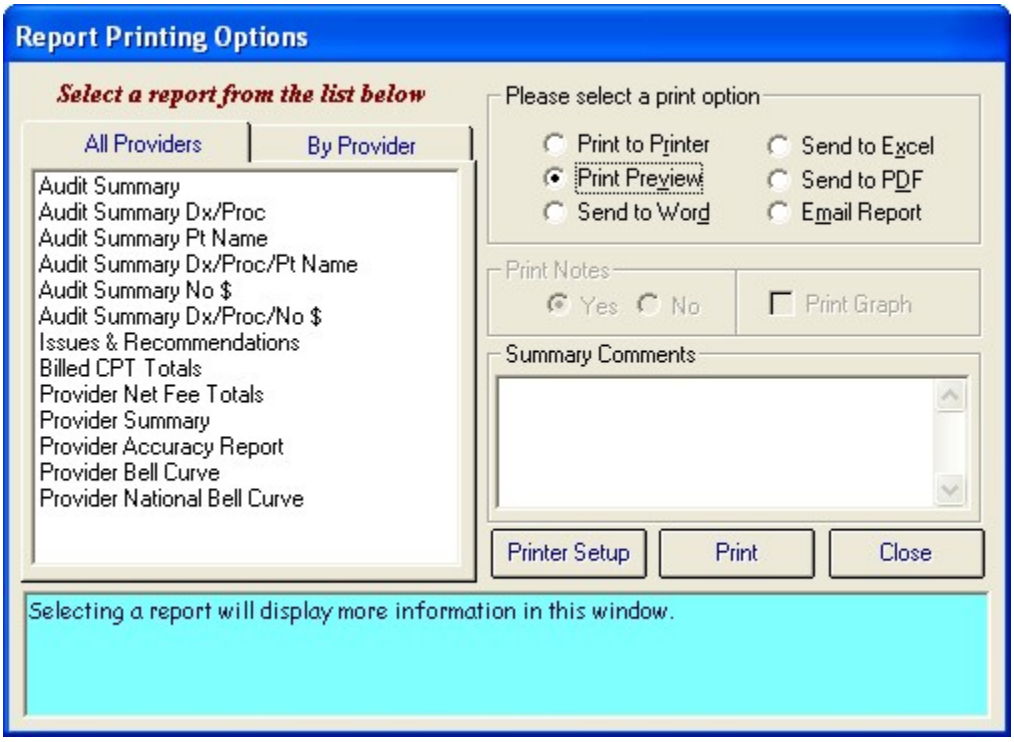
Report Printing Options

When printing various reports, whether it be a list of Providers or an Audit Summary Report you will be presented with this dialogue. Report Printing Options gives you choices about what report to print, how you choose to have the data listed (i.e. sorted by ID or Specialty, etc.) and how you want to "print" the report. Most of these choices are self explanatory, but a couple of items should be clarified.

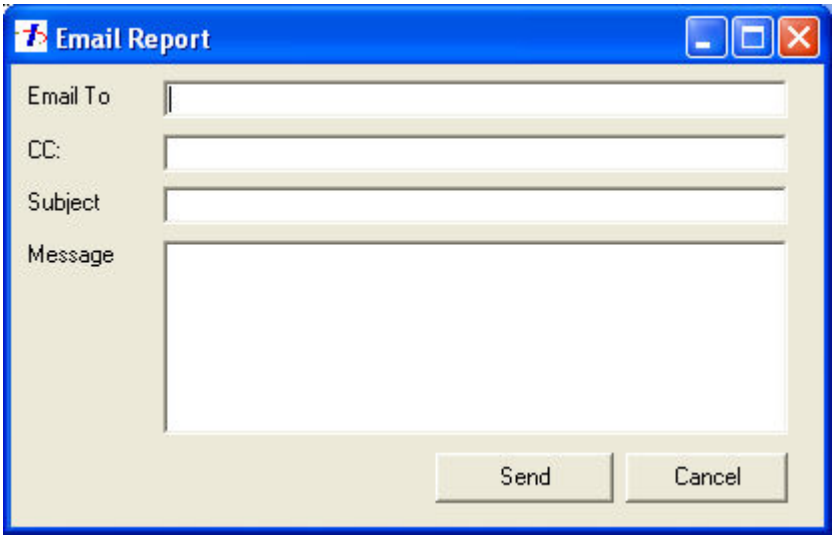
In the latest version of Intelicode, we have changed the report options. We have separated the reports into two sections, ***All Providers*** and ***By Provider.*** Each tab contains its own individual Audit Summaries. Both tabs contain some of the same reports, including Issues & Recommendations, Audit by Patient, Provider Net Fee Totals, etc.

The **Print Graph** option is only available on select report types. When the check box is enabled if it is selected Intelicode will place a graph of the current data at the end of the report. The graphs can help you and providers identify trouble areas quickly and give a different format for returning data after an audit.



NOTE: when saving a report in Word™ or Excel™ please be advised that the original formatting of the report will be altered. This is something that is out of our control and cannot be helped. You will need to re-format the report to correct any discrepancies.

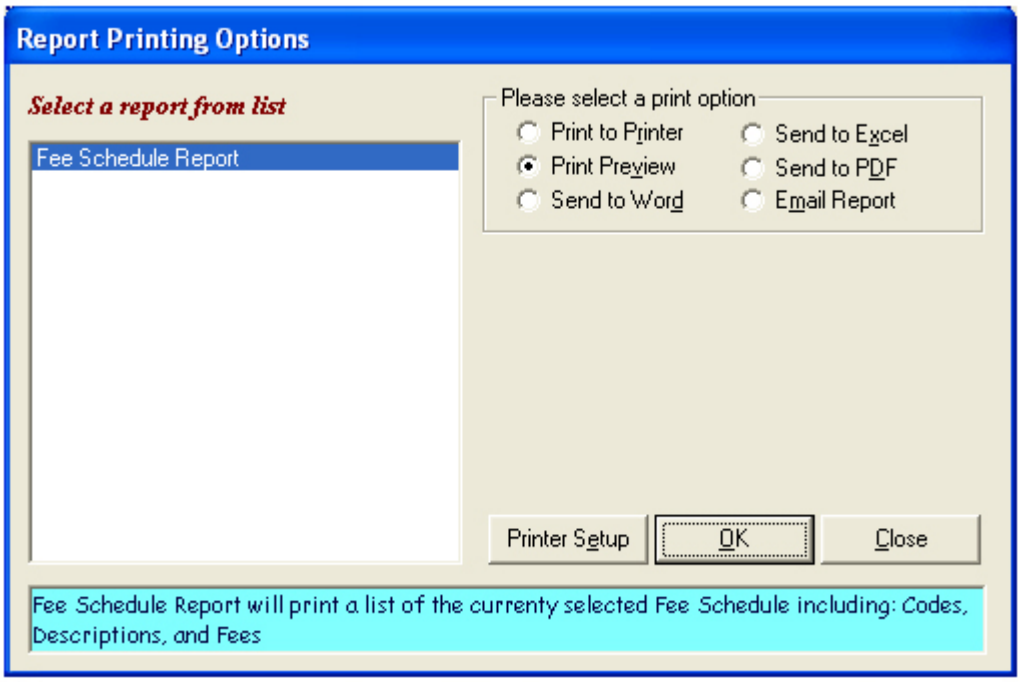
To "Email Report" you will need to have Microsoft Outlook® installed on your computer. This will create an email message and will include your report as an Adobe Acrobat® PDF file. There is no need to save it as one first.



Fee Schedule Report

To print a Fee Schedule Report choose ***Fee Schedule Maintenance*** from the ***Utilities*** menu, select a Fee Schedule, then click ***Print Schedule*** .

See more on Report Printing Options



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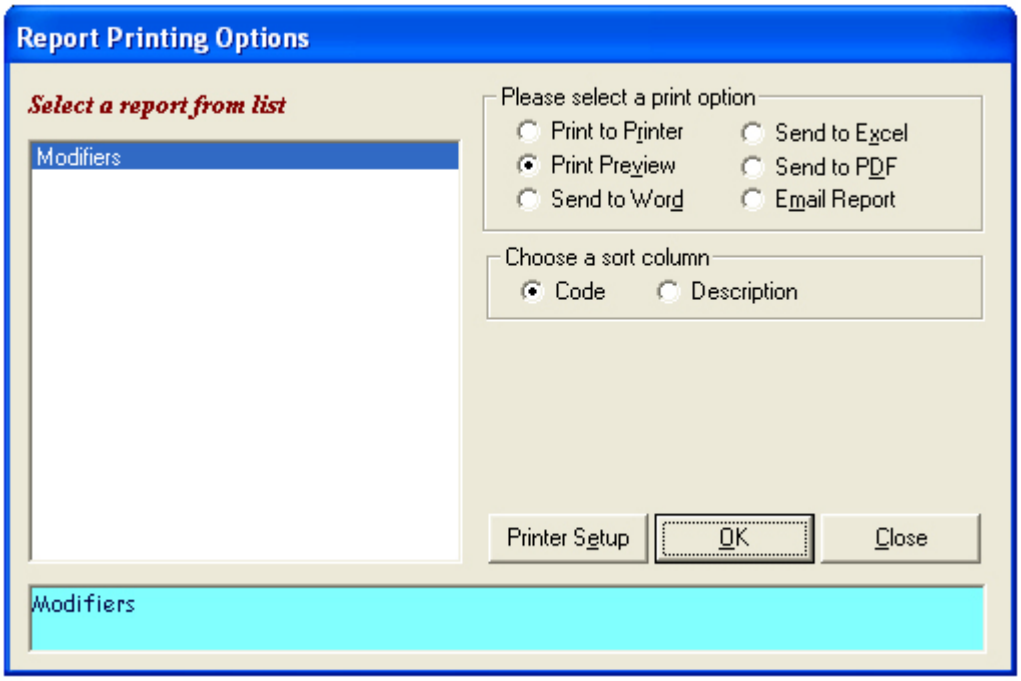
Modifier Listing

To print a listing of Modifiers choose ***Modifier Codes Maintenance*** from the ***Utilities*** menu, then click ***Print List Of Modifiers*** and choose your Printing Options.

See more on Report Printing Options



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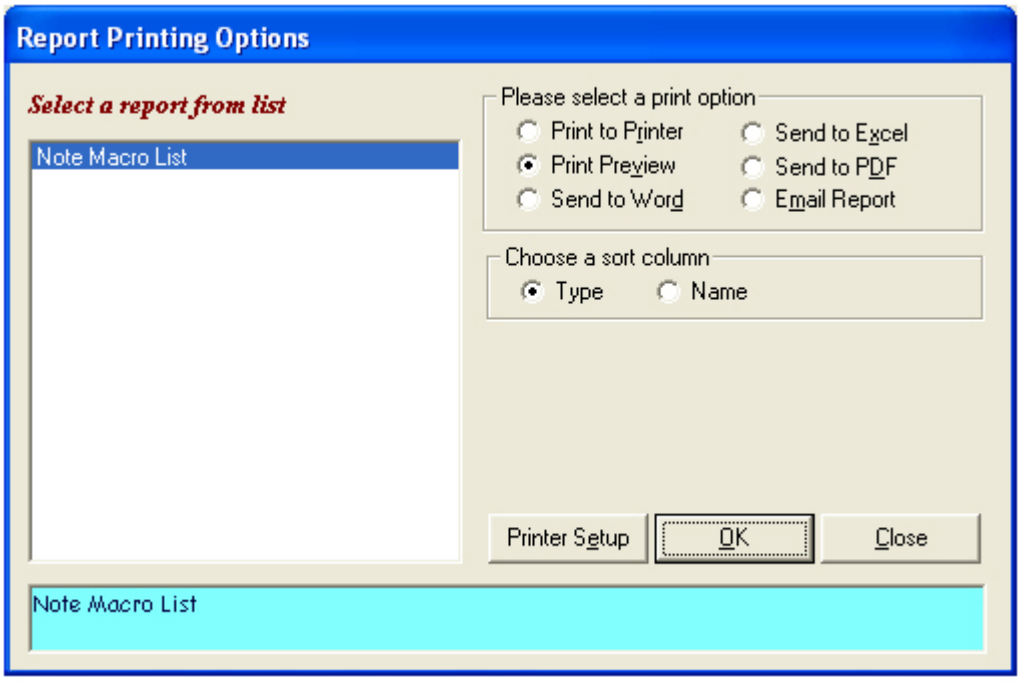
Note Macro Listing

To print a list of your Note Macros click ***Print Note Macro List*** in ***Note Macro Maintenance***.

See more on Report Printing Options



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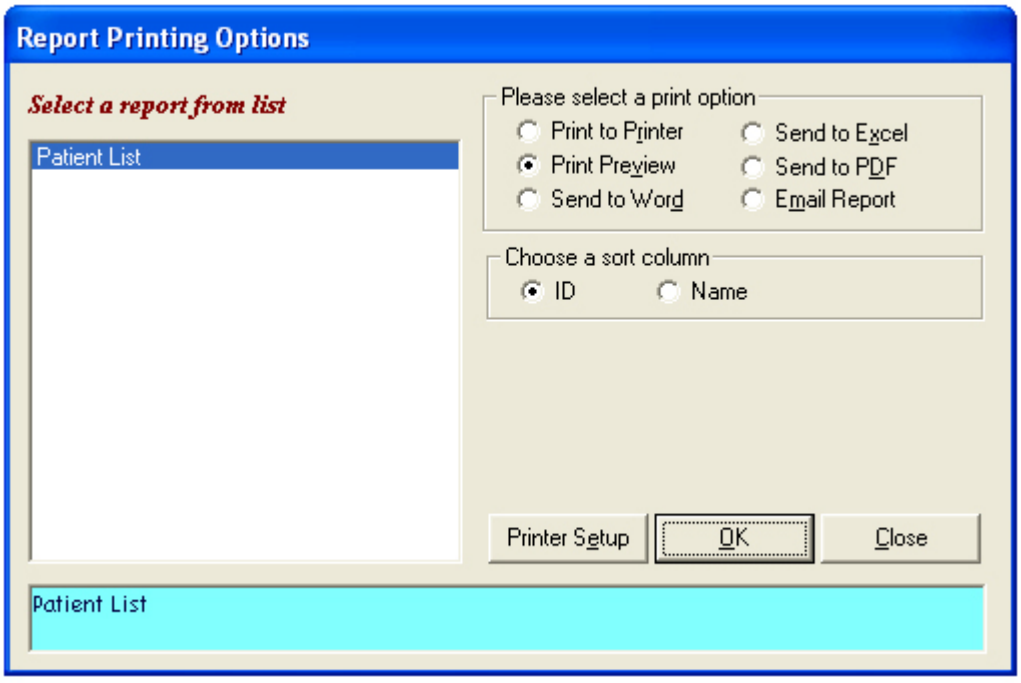
Patient Listing

To print a list of your Patients click ***Print List of Patients*** in ***Patient Maintenance***.

See more on Report Printing Options



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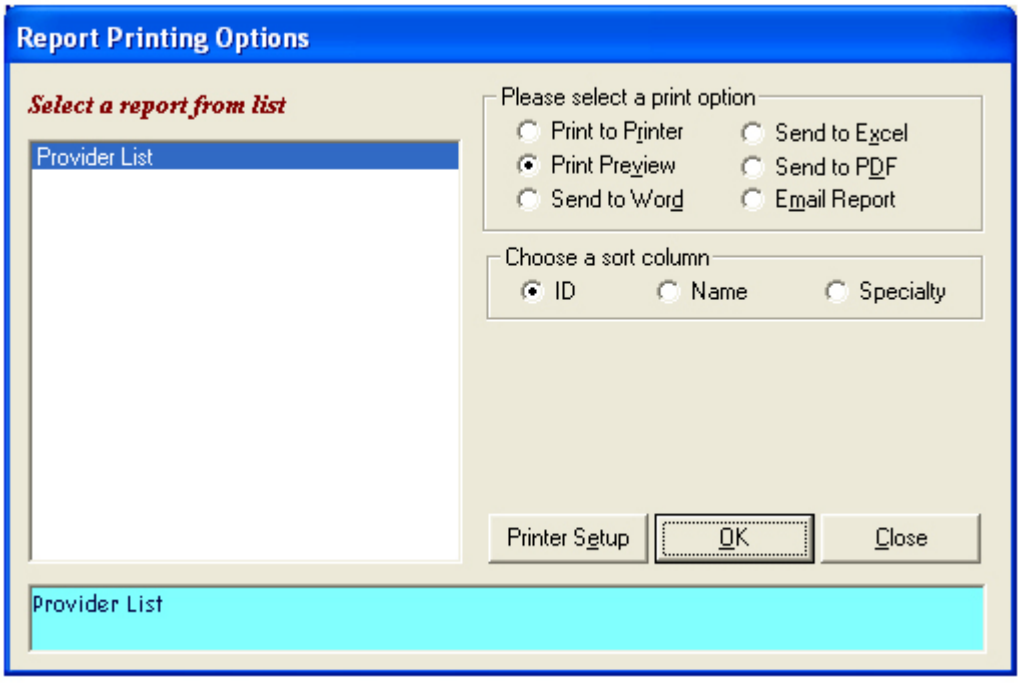
Provider Listing

To print a list of Providers click ***Print List of Providers*** in ***Provider Maintenance***.

See more on Report Printing Options



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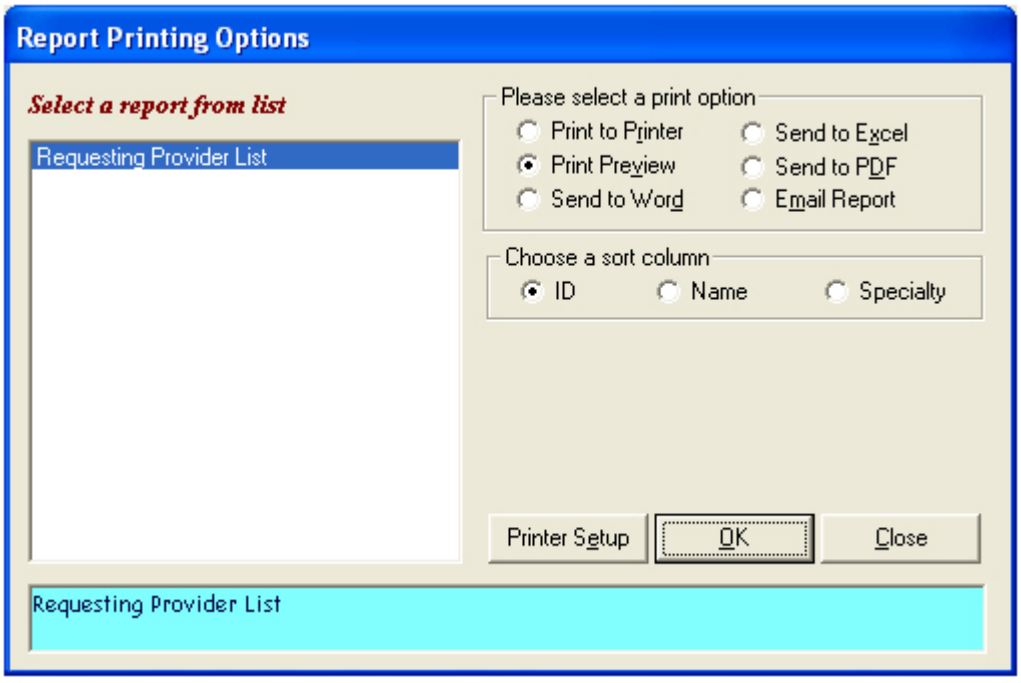
Requester Listing

To print a list of Requesting Providers click ***Print List of Requesting Providers*** in ***Requesting Provider Maintenance.***

See more on Report Printing Options



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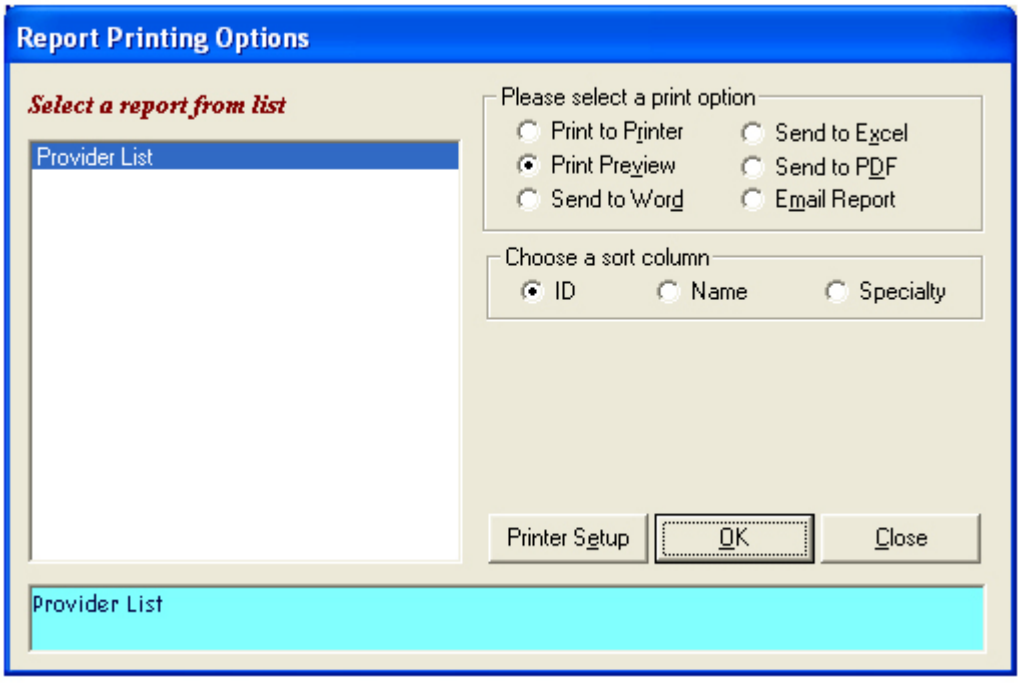
Resident Listing

To print a list of Providers click ***Print List of Residents*** in ***Resident Maintenance***.

See more on Report Printing Options



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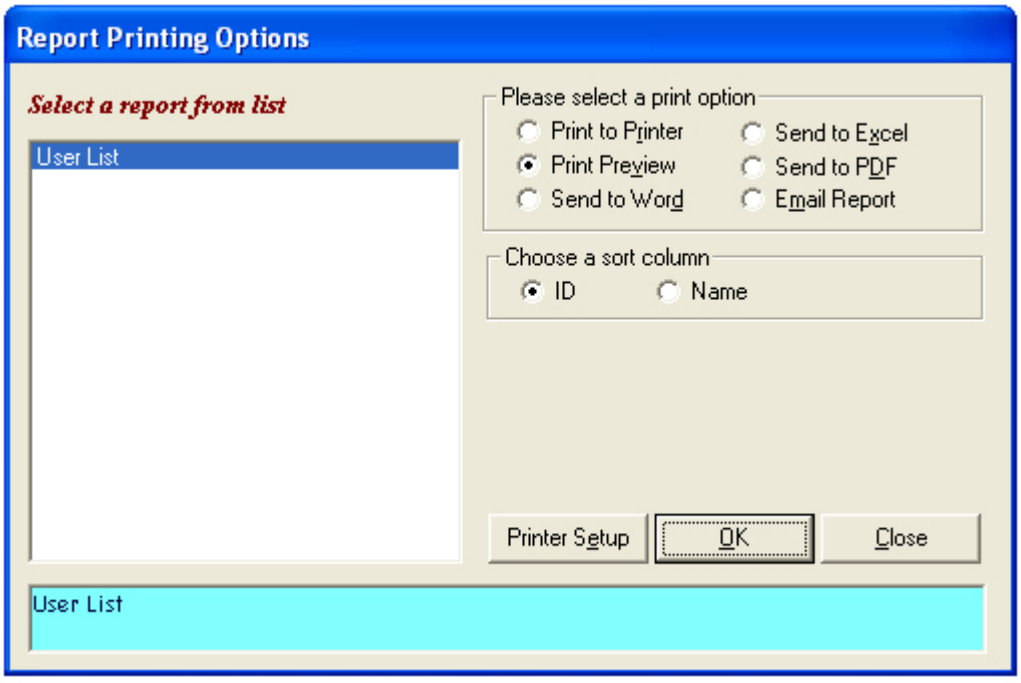
User Listing

To print a list of your Patients click ***Print List of Users*** in ***User Maintenance***.

See more on Report Printing Options



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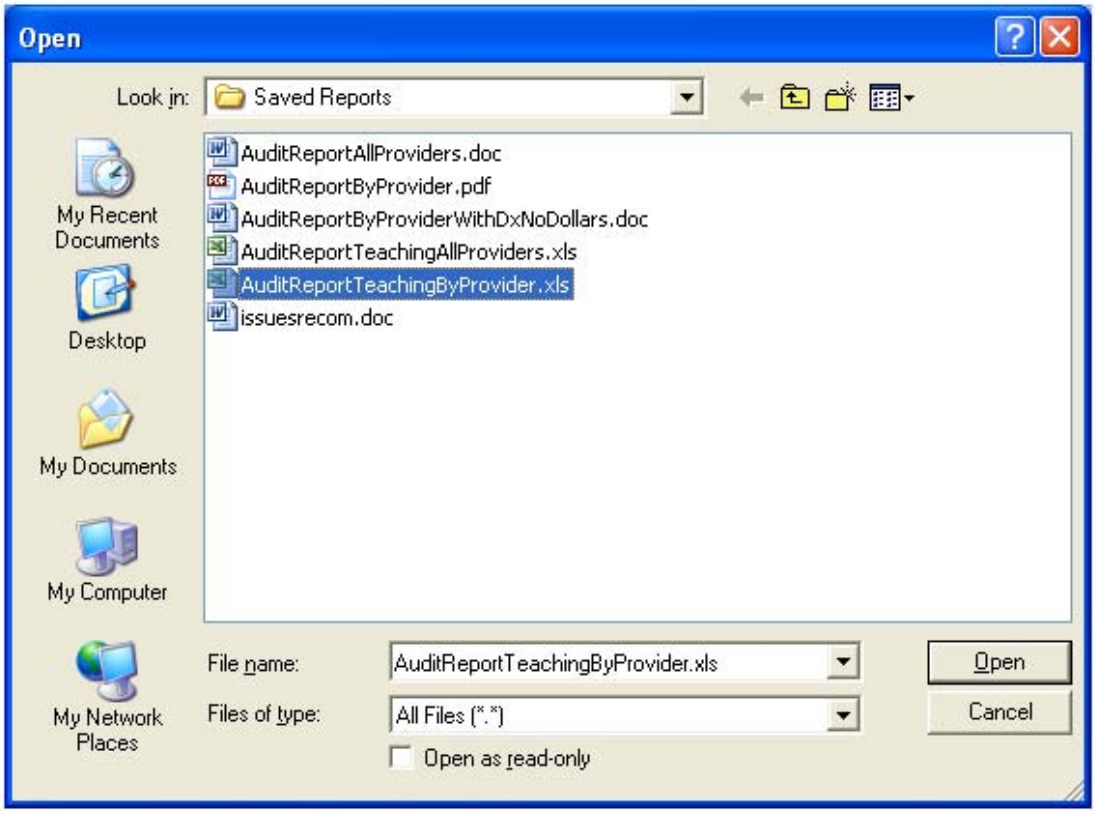
Retrieving Saved Reports

Intelicode gives the user the ability to save reports in different formats (i.e. Word, Excel, PDF). You can access your saved reports by going to the File drop down menu (located at the top of the page) and select Retrieve Saved Reports.

An “Open” pop-up window will appear. Select the file name containing your saved reports and click the Open button, or double click the file name.



NOTE: The "Open" dialog's default "Files of Type" looks for Word™ Doc files. Choose "All Files" to see all types of files (i.e. Excel™ and Acrobat™ PDF).

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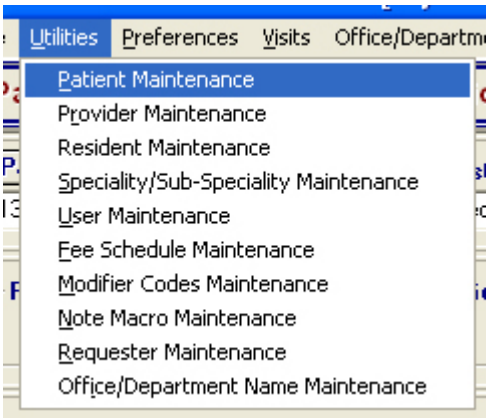
Maintenance

Utilities Menu

The ***Utilities*** menu is where you go to choose the various maintenance forms. In this latest version of Intelicode ***"Enter Codes by Description"*** and ***"Require Consult Verification"*** have been moved to the Preferences Menu.



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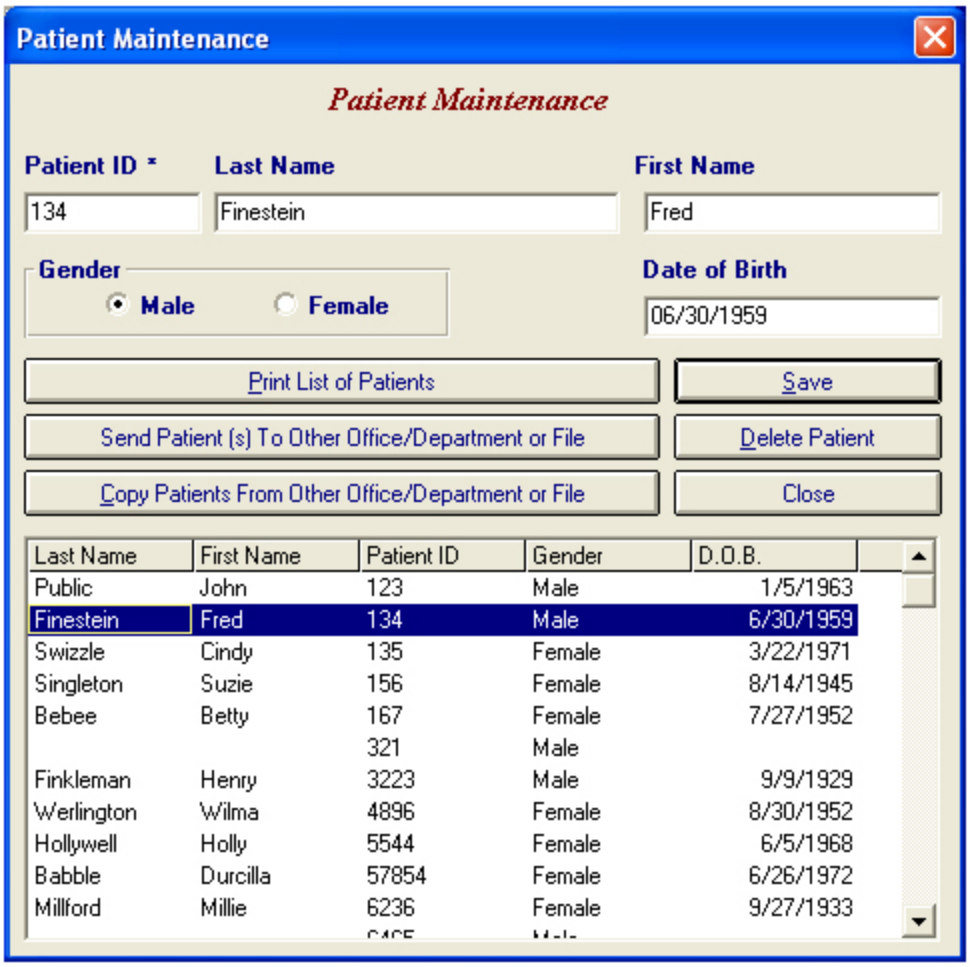
Patient Maintenance

You can enter patient information on the Patient Screen or you can enter it here. You can get to Patient Maintenance by clicking on the Patient ID button, or choosing ***Patient Maintenance*** from the ***Utilities*** Menu.



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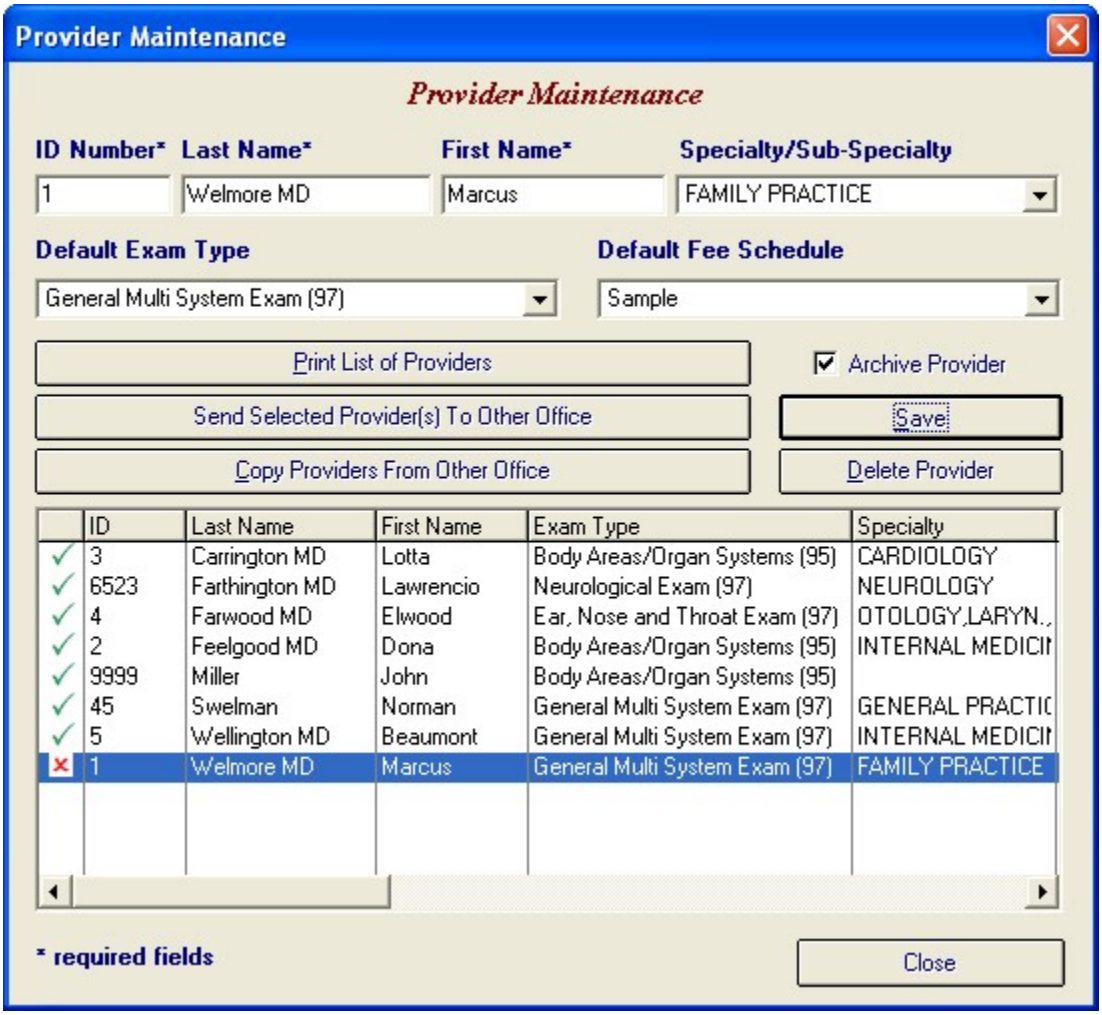
Provider Maintenance

To add a new Provider, choose "--Add New Provider--" from the Attending Provider drop-down list on the Patient screen or choosing Provider Maintenance from the Utilities menu. The only required fields are: ID Number, Last Name, and First Name. If you wish to run reports based on Specialty then you should assign a Specialty to the Provider. The Default Exam Type will allow you to have the same Exam template loaded each time you audit that provider. Default Fee Schedule works the same way.



NOTE: If you don't choose a Default Exam type your exam will default to the General Multi-System (97). However, you can choose any exam during an audit.

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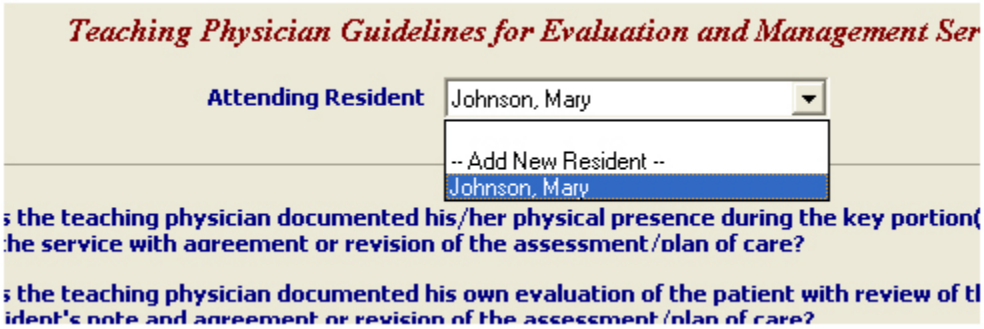
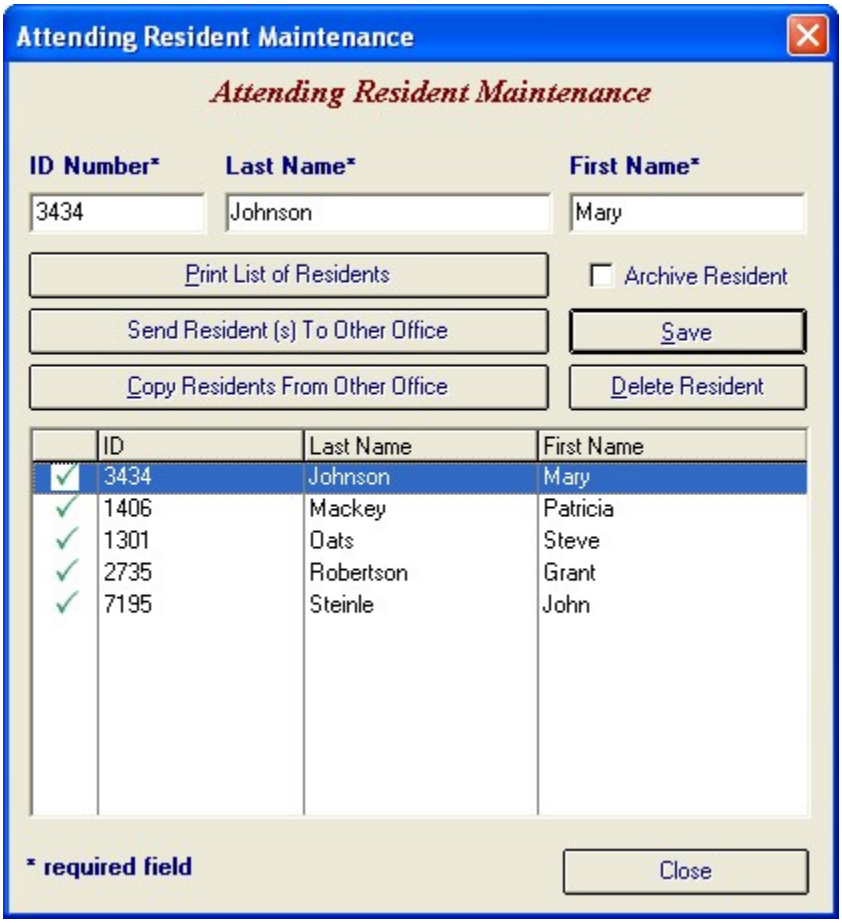
Resident Maintenance (P.A.T.H. only)

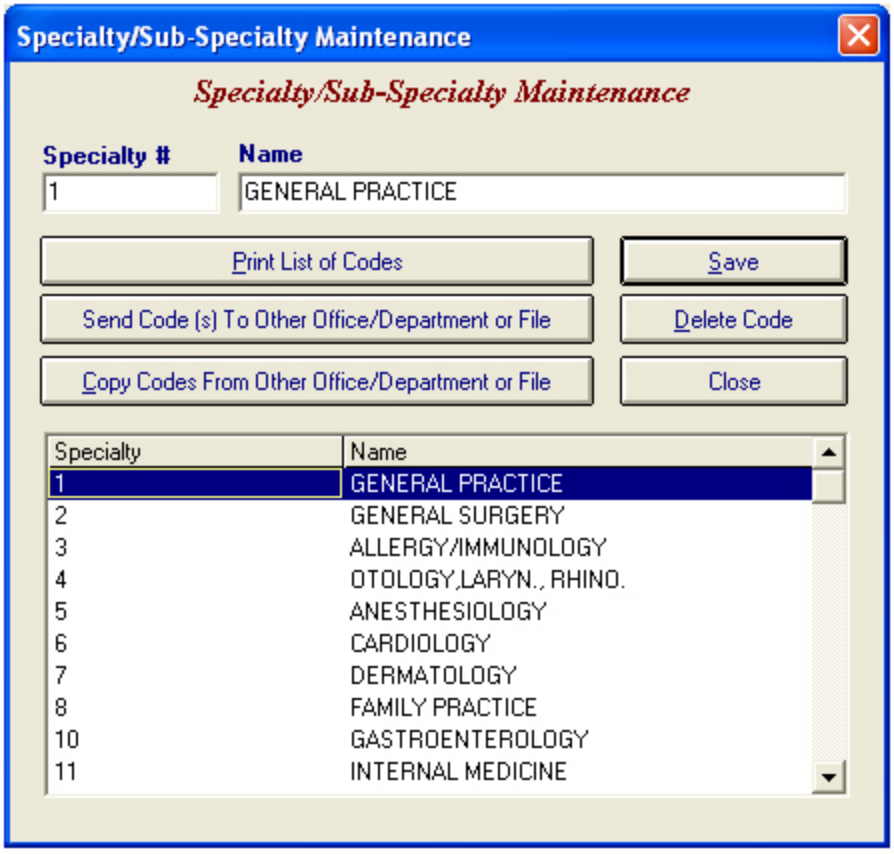
To add a new Resident, choose "--Add New Resident--" from the ***Attending Resident*** drop-down list on the Teaching screen or choosing ***Resident Maintenance*** from the ***Utilities*** menu. The required fields are: ID Number, Last Name, and First Name.


Teaching Physician Guidelines for Evaluation and Management Ser
Attending Resident
Johnson, Mary
-- Add New Resident --
Johnson, Mary
s the teaching physician documented his/her physical presence during the key portion(
he service with agreement or revision of the assessment/plan of care?
s the teaching physician documented his own evaluation of the patient with review of tl



Specialty Maintenance

If you choose to enter and maintain your own Specialties choose ***Specialties Maintenance*** from the ***Utilities*** menu.



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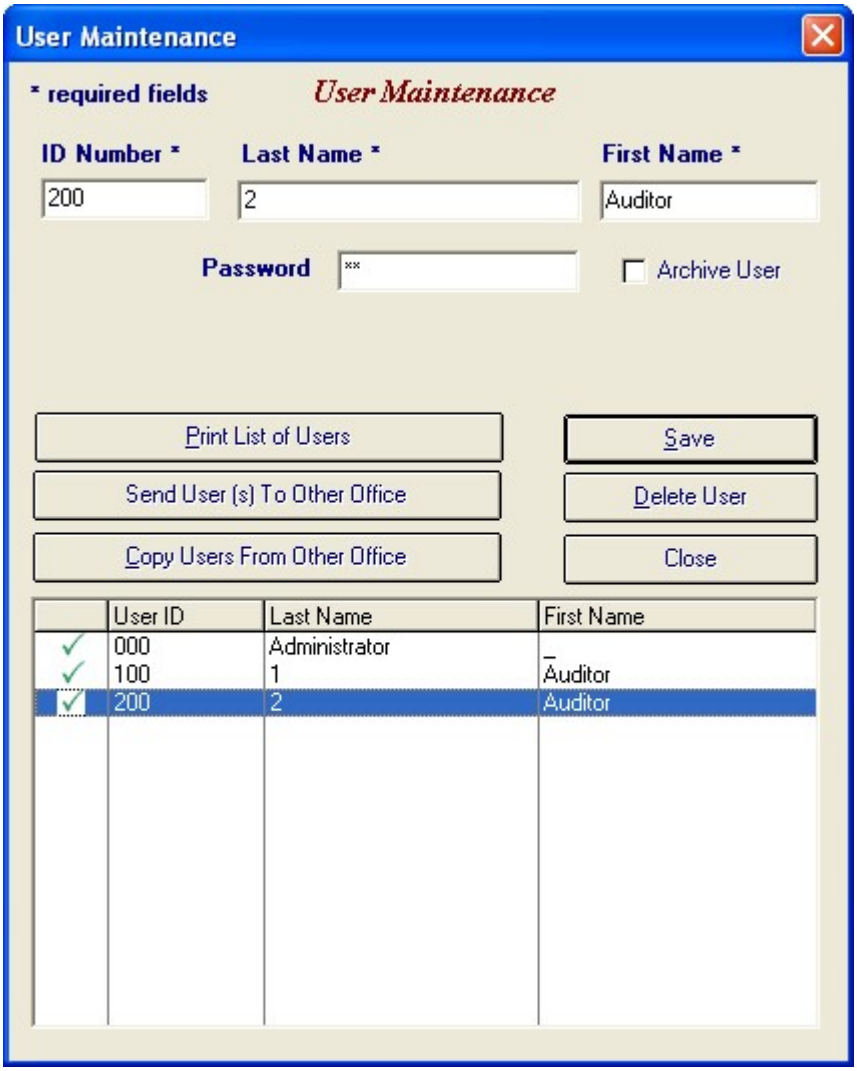
User Maintenance

Intelicode requires you to be logged in as a user. When setting yourself up as a user you need to assign a User ID which can be any number of your choosing. We also suggest having a password.



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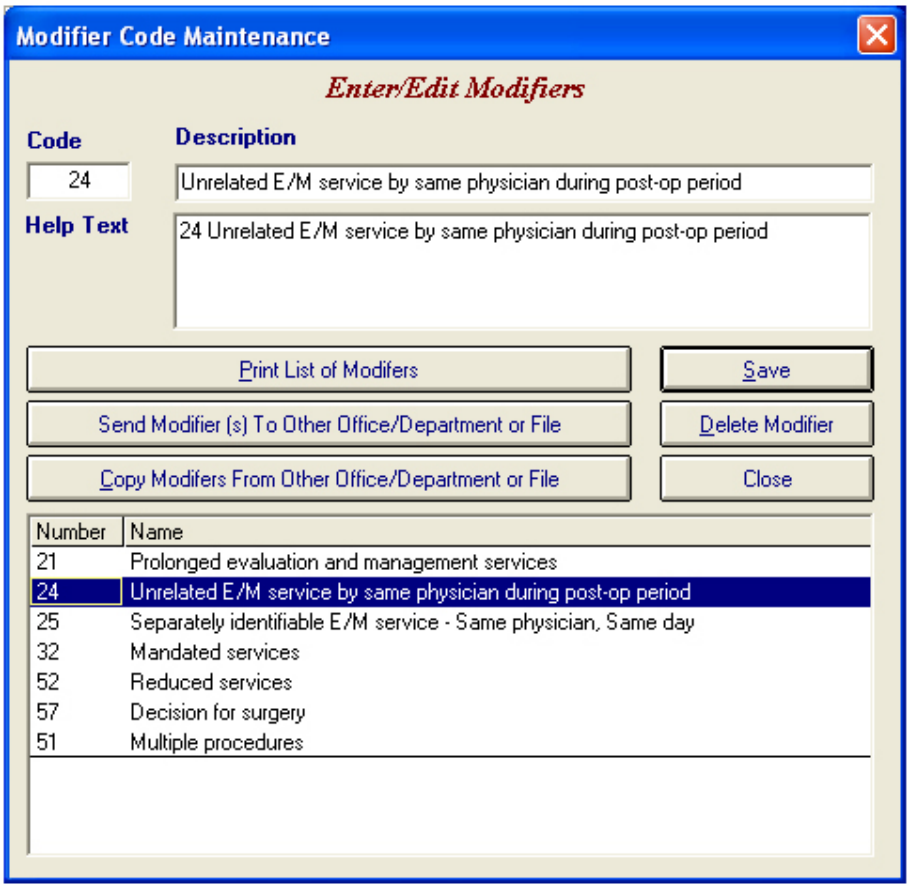
Modifier Codes Maintenance

If you choose to enter and maintain your own Modifiers you can do it from the **Utilities / Modifier Code Maintenance** menu.


Modifier Code Maintenance
Enter/Edit Modifiers
Code
Description
24
Unrelated E/M service by same physician during post-op period
Help Text
24 Unrelated E/M service by same physician during post-op period
Print List of Modifers
Save
Send Modifier (s) To Other Office/Department or File
Delete Modifier
Copy Modifers From Other Office/Department or File
Close
Number
Name
21 Prolonged evaluation and management services
24 Unrelated E/M service by same physician during post-op period
25 Separately identifiable E/M service - Same physician, Same day
32 Mandated services
52 Reduced services
57 Decision for surgery
51 Multiple procedures

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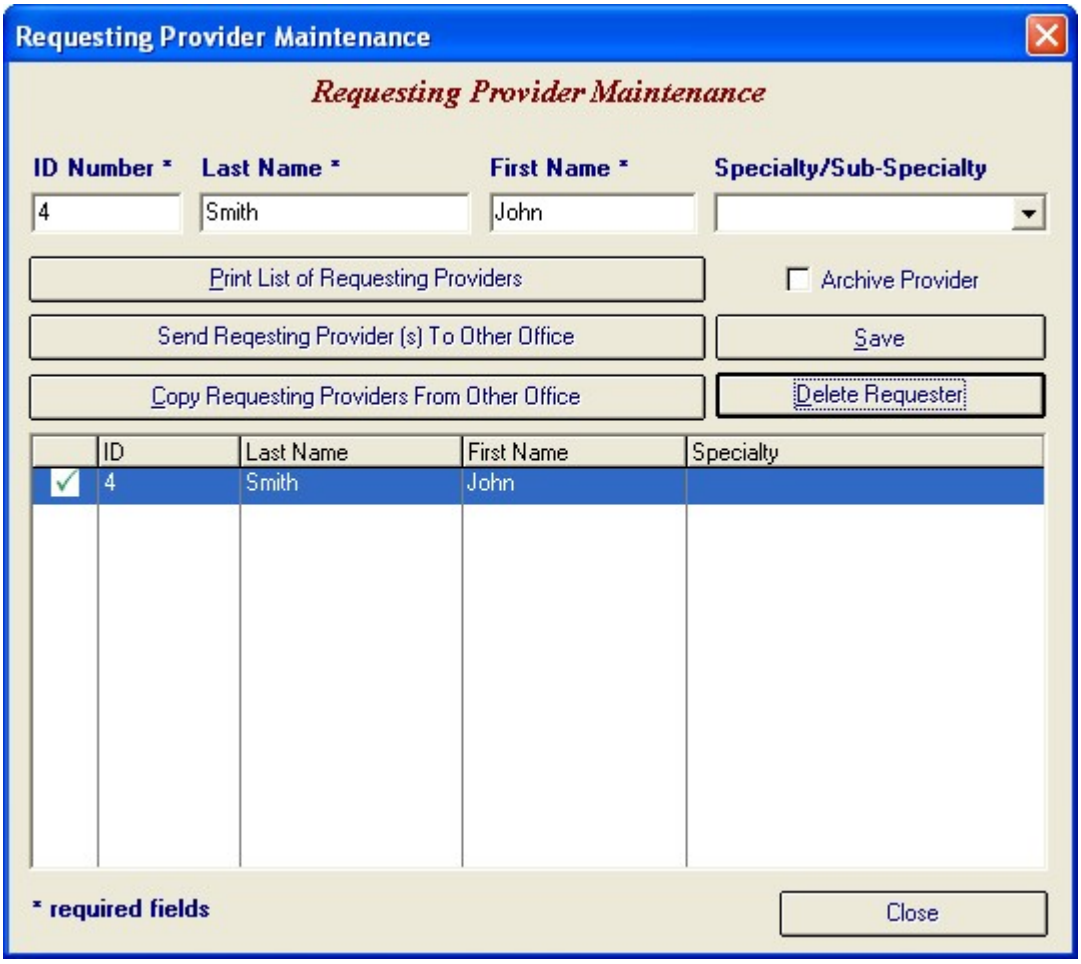
Requesting Provider Maintenance

To add a new Requesting Provider, choose "--Add New Requester--" from the Requesting Provider drop-down list on the Patient screen or choosing ***Requesting Provider Maintenance*** from the ***Utilities*** menu. The only required fields are: ID Number, Last Name, and First Name.



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Managing Your Data

Archiving Data

Performance slows as your database grows. Because of this fact, we have designed Intelicode so that it will support multiple databases. We highly recommend that you formulate a plan for how you want your data organized. To make this point, think of a file cabinet: Most of us store our documents in individual file folders, rather than lumping them all into a single drawer. Intelicode enables you to manage your databases in the same manner. For example, if you have multiple sites you would want to create an "Office/Department" for each one. If you have multiple departments (i.e., Department of Medicine, Pediatrics, Family Practice, Surgery, etc.) you would want to create and "Office/Department" for each of those. Each Offices/Department will hold Providers, Users, Patients, Note Macros, Visits, etc. However, you can copy everything except Visits from one Office/Department to another, or several at the same time.

This is also useful if you wish to archive your data at the end of each year. For example: Say you have a clinic named "Cardiology North". To archive your data you would create a new Office named "Cardiology North 06" for the new year. Next, you would copy your Users, Providers, Patients, Fee Schedules, etc. See more on copying data

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Copying and Sending From Office to Office (Pro and P.A.T.H. only)

Intelicode gives you the ability to "Send" or "Copy" various things from office to office (i.e., *Note Macro* , Diagnosis Codes, Patients, Providers, etc.).

You can send certain "selected" items (i.e., at least one, but not all) items to another office, or multiple offices at once. If you choose this button with no items selected, it will send the entire list. NOTE: If you have any items selected, you will be asked if you want to send just the selected items or all the items.

When "Copying" from another Office, all records from that table (i.e. all Diagnosis codes for example) will be copied from the other Office/Department.

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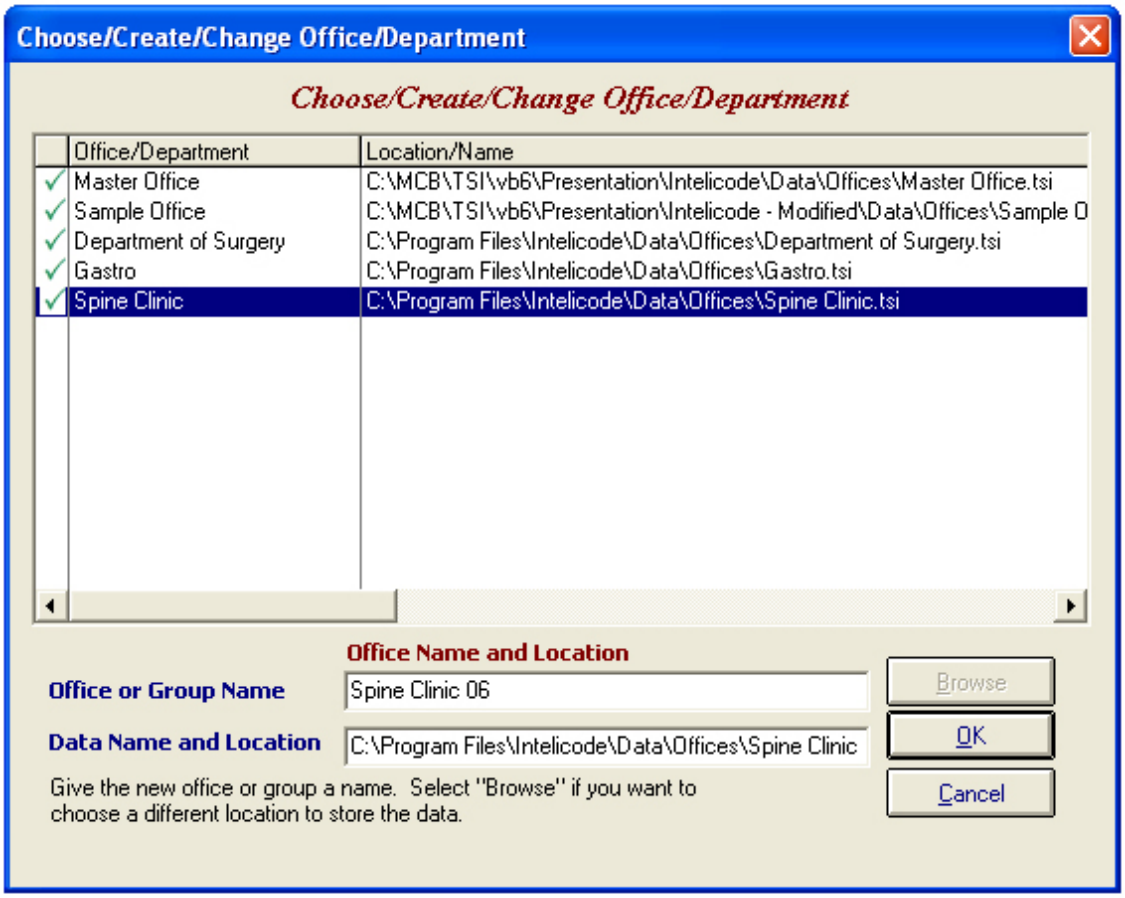
Editing or Changing an Office Name

There are a number of reasons why you might want to change the name of an office (database). Maybe you wish to archive your data from a particular year, much like you would with files in your office. In our example we have decided to rename "Spine Clinic" to "Spine Clinic 06".



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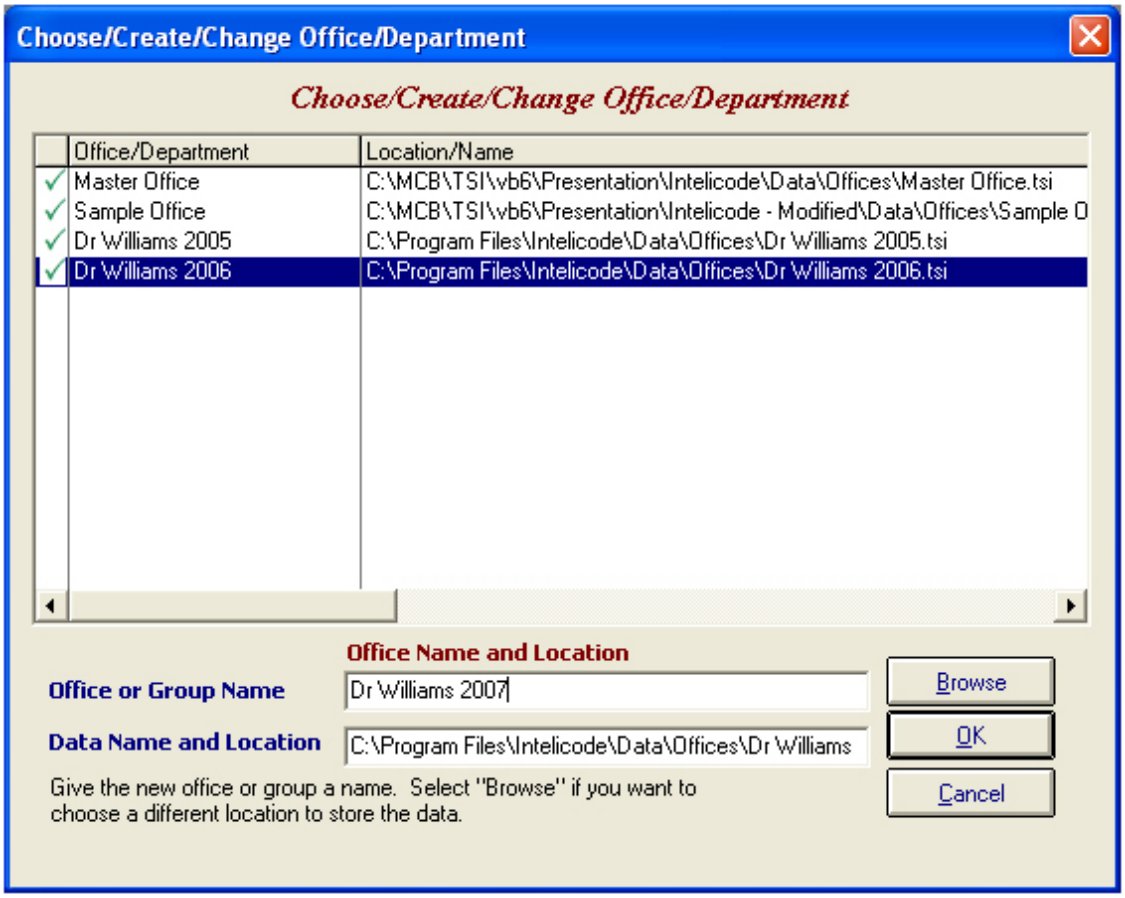
Creating Multiple Offices/Departments/Sites

There are many reasons for creating and maintaining multiple Offices. We need to look at our Intelicode data in much the same way as we would a file cabinet. Good filing practices make finding and managing information easier. In addition to "breaking up data" into smaller manageable pieces, databases lose performance as they grow in size (particularly with Access databases). For this reason, we create multiple databases. We might create one for each Clinic, Site, Department (i.e Department of Medicine, Surgery, etc.), or by client. We might also create a new "Office" for each year, quarter, or month, depending on how much data. You have a great deal of flexibility. The second field will be the “Data

Name and Location" field. The Intelicode program will default to storing your audit data on the hard drive (C:\ProgramFiles\Intelicode\Applications\Data\Offices) of your computer. If you wish to have your data stored elsewhere (e.g. a network drive) contact your Information Services (IS) department for assistance in determining where data storage should be located.



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Advanced Tips

Shortcuts

This topic is for any tips, tricks, or shortcuts you may want to familiarize yourself with. Hopefully you will find useful ways to accomplish tasks that can help increase productivity with our product. Please feel free to contact us at **800-786-4231** and we will be happy to do a walk-through to show you helpful tips.

Quickly calculate a level of service.

If you simply want to calculate *a* level of service, you only need a ***Patient ID***, ***Status***, ***Gender***, and ***Service Type***. When you get to the End, simply click ***Finish***, then ***Clear All Screens and Don't Save***.

Keeping your offices updated with, Note Macros, etc..

Each time you enter a new Note Macro, Provider, or other item that you wish to have included in your other offices, simply select the new item or items (in this case, Diagnosis Code) and click the ***Send to Other Office***, button, choose your other office or offices and hit OK.

A quick way of getting into your program

Intelicode highlights the last Office/Department that you were in. It also highlights the last user. When you start the program and assuming you wish to go into the previous office, you can simply click "Enter" on your keyboard. If your user has no password, again click "Enter" and it will open up your office.

Save multiple Encounters into one report.

You can combine multiple encounters into one report by selecting multiple encounters (by selecting and holding your CTRL key while selecting each encounter). Then you choose Print Selected and save to PDF. Give the report a name that will correspond the Encounters (i.e Office Name - Provider - Date range). This will combine all encounters into one report!.

Choose the columns you wish to display in Visit Summaries.

You can "right-click" in the Visit Summaries grid and choose See video

Advanced Report Filtering

If you want to filter certain items in a report, there are a few solutions. First, you can use the note macros to filter out certain criteria. For example, if you had added a legibility issue to several encounters. Then in the visit summaries screen you can select legibility in the note macros drop down box to see all the encounters that had a legibility problem. Second, you can sort by custom specialties if you want. For example, lets say you wanted to see all the **First Year Residents**. To do this we need to add a new specialty in the Specialty Maintenance screen and call it **First Year Resident**. Then we go into the Provider Maintenance screen and select our provider and select **First Year Resident** in the Specialty drop down box. Click Save. Open the Visit Summaries screen and in the Specialty drop down box select **First Year Resident**. This will show all of the Providers that have the **First Year Resident** Specialty therefor showing all of the **First Year Residents**. Please call us if you have a unique filtering criteria and need some assistance.

Contacting

Corporate Headquarters

We are committed to providing not only the number one auditing software, but the customer service and support to go along with it.

Address:	Technology Solutions, Inc. P.O. Box 758 Waterloo, Indiana 46793 USA
Telephone:	260.837.8200 800.786.4231
Fax:	260.837.9090
World Wide Web:	www.intelicode.com
Office Hours:	Monday to Friday 9 am to 5 pm Eastern Standard Time

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Sales

Contact us for information about the latest products and services.

Phone:	1.800.786.4231
Fax:	1.260.837.9090
World Wide Web:	www.intelicode.com
Email:	sales@intelicode.com
Office hours:	9am to 5pm Eastern Daylight Time

Technical Support

Your annual license includes unlimited technical support. You may contact us via phone, fax, email, or web. Please have the following information to help better serve your needs:

- Locate your product serial number. This is found under the **Help/About Intelicode** menu.

- Determine your operating system version. All of the pertinent information about your computer can be found by choosing Help/About Intelicode then choosing **System Information**.
- Find the version of INTELICODE in the by choosing **Help/About Intelicode**.

Having these pieces of information available will help our support person better diagnose any problem you may be experiencing.

Phone:	1-800-786-4231
Fax:	1.260.837.9090
Email:	support@intelicode.com
Office hours:	9am to 5pm Eastern Daylight Time

Troubleshooting

Common Problems

- ***Problem:*** "I don't get a code, and I have History, Exam, and MDM" What's wrong?

    - ***Possible Cause:*** Make sure that you choose the appropriate Sub Category (i.e. Initial Visit) along with the Service Category (i.e. Office or other Outpatient)
    - ***Possible Cause:*** If you are auditing a "time based code" (i.e Preventative Medicine codes) make sure that you choose the "face to face" time on the "End Screen"
    - ***Possible Cause:*** Make sure that you have enough documentation to support the level that you think it should be. A common one that we see is Initial Hospital Care 99221 which requires a ***detailed or comprehensive history***; a ***detailed or comprehensive examination***; and ***medical decision making that is straightforward or of low complexity***. Make sure to check that there is adequate levels of History, Exam, and MDM. Intelicode will not calculate a "Reviewer E&M" unless the requirements are met.
    - ***Possible Cause:*** If you are auditing an "age based code" make sure that you have the Date of Birth field completed.

- ***Problem:*** Intelicode is not calculating a "Variance".
    - ***Possible Cause:*** In most cases, Intelicode will calculate a Variance when the "Reviewer E&M" and the "Provider E&M" are part of the same "Service Category (i.e. Office or other Outpatient). In most situations where the Service Categories don't match Intelicode will calculate a "wrong category" (wc). Occasionally, Intelicode will not calculate either. It would take far too much space to try to explain the technical reasoning behind it here. Simply know that in the occasional times that a variance or "wc" is not calculated you can select a variance of your choosing.

- ***Problem:*** My totals don't seem to be correct. In other words, the Total Overbilled/Underbilled numbers don't seem to match the Variances and dollar differences.
    - ***Possible Cause:*** There are a couple of things that will effect your totals: Sometimes we will see instances where a fee has been entered incorrectly for one of the codes being compared. For example: The Reviewer code is a 99203 and the Provider code is a 99205. This will show a variance of +2 which will be added to the Overcoded totals. However, if the fee was entered incorrectly for either one of these the dollar difference could show a negative amount thus adding that to the Underbilled totals. This would have a cancelling out effect.
        - ***Example:*** Sometimes fees are not entered for a particular set of codes. In the example above, lets assume that the Provider code was a Preventative code fees were never entered into the fee schedule for Preventative codes. The 99203 would have a fee assigned to it, let's say $80 and the provider billed a 99396 which had no fee assigned to it. This would show a negative difference which would be added to the Underbilled totals. If the reviewer assigned a positive variance (because this typically has a fee of $95)

to indicate that the provider had overbilled then that would create conflicting totals.

- ***Problem***: I cannot find the Critical Care Codes (99291x99292x1, etc..) in the fee schedule list
    - ***Possible Cause:*** The Critical Care Codes are further down in the fee schedule list. Just keep scrolling down and you will find them.

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